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ORIGINAL ARTICLES.

PSYCHOLOGY OF THE UNCONSCIOUS.

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I.

IT has been customary wrongly to confine the sphere of the psychical to the moral and intellectual faculties, faculties commonly regarded as having their seat in the head, excluding altogether from this dignity the animal kingdom below man. The synonym for the word psychical in modern speech is soul, or its equivalent, meaning the thinking, emotional, and willing powers, or comprehensively, consciousness. It is true that the term psychical was given a broader significance by the mighty Aristotle, in whose fallow brain the term was conceived; but the influence of the scholastic philosophy of the Middle Ages had the effect to narrow it down to that supposed something within us which is, in scholastic phraseology, "related to the Infinite," excluding from such relation the sensuous life of the body, and accepting only the ego, or conscious mind — the immaterial. Thus was the monistic conception of the great Stagarite over-borne by that of the dualistic, namely, physical and psychical, the one, material and finite; the other spiritual and God-like.

It is not worth while to say that the dual hypothesis was born of the intuitions; nor that it seems destined to share the fate of other hypotheses of similar origin, for only what is true can endure. Among modern scientists a tendency may be observed to return to the view of Aristotle as to the unity of man's nature. It is in fact difficult to escape from the conclusion to which modern investigation leads one as to the essential unity of the physical and psychical in every department of being. In the larger view, body and mind are one and inseparable, animated by the same principle, the Unconscious, and although the functions of different parts of the body may differ, each after its kind, all are dominated by the laws of the Unconscious. Mind of some kind or other is the originating and dominating force in all. The mind of the grey cerebral substance is one, embracing consciousness; the mind of the white nerve-substance is another, involving the Unconscious. The cerebrum may be the "dome of thought," and the flower of the nervous system, the seat of the intellect and imagination; the cerebellum may be the source of feeling, the sentiments and emotions, which form the larger part of man's mental life; but the spinal cord is the presiding genius of muscular sense and muscular co-ordination, which is not less mental, although of a different or lower quality. Moreover, the sensory ganglions may minister to the requirements of intelligence; the excito-motor ganglions may preside over muscular impulses and execute the mandates of the will; but the ganglions of the grand sympathetic lie at the very root and spring of being, without which man could neither be nor exist, feel, will or think. The grand sympathetic ganglions are related to the Unconscious life or mind, which is a part of the Universal Life and Mind. They minister to the wants of animated creatures, and constitute the psychical life of body and brain. The functions of nutrition, respiration, circulation, secretion and excretion, of the special senses, as well as the process of repair and health, are carried on and conducted by mental forces derived from the grand sympathetic. Nor is this all. To this source may be traced man's perception of his relations and environments, which enable him to choose that which is good for him and to avoid that which is harmful. He is wholly subject to the laws of this part of his nature—the unconscious part—and is governed by them, both in his individual and his collective capacity, as certainly and unerringly, when left to their influence, as any other part of nature, animate or inanimate. It is true, moreover, that animals so low in the scale of being as to be devoid of sympathetic ganglia, or to possess even the rudiments of a nervous system, exhibit remarkable degrees of intelligence, and are governed by the laws of the Unconscious in a manner more certain than is man himself. Facts of this kind are so numerous and extraordinary that Von Hartmann is led by them to the conclusion that among these low orders of being the psychical condition their organisms, rather than that their organisms condition the psychical. In other words, the Unconscious will creates and makes use of such mechanisms as may be expedient, as means to ultimate its desired ends. That is to say, the Unconscious is first, and the organism is last in the relation of cause and effect. It is a short-sighted philosophy, therefore, that excludes the functions of the sympathetic ganglia, or any part of the nervous system of animals, from the category of the psychical and turns them over to the sphere of the inanimate and material.

But what evidence is there in support of these propositions? The close observer may find in all the kingdoms of Nature, the mineral, vegetable and animal, indubitable evidence of the existence of mind, or a psychical principle, animating each, and working out in each a definite idea and

purpose. This psychic principle is not confined to nerve substance, nor even to protoplasm. But let us confine our observations to the animal kingdom and begin with the lowest form of organic substance—protoplasm. This shows sensibility to the light, and will, like plants, make voluntary efforts to get itself into the light. The polype knows the difference between living and dead infusoria, and manifests aggressiveness in seeking nutriment—that is, it will contend with other polypes. Von Hartmann says that if living infusoria be placed in water within a few lines of the polype, "the latter perceives it—God only knows how—and produces a whirlpool with its anus in order to draw it within its grasp. On the other hand, should a dead infusoria, a small vegetable organism, or a particle of dust, approach quite as close, it does not trouble itself at all about it."* It is needless to say that no physiologist has ever found the least rudiment of a nervous system in the polype. The hydræ may be divided and sub-divided without destruction, each piece becoming a new animal. So, likewise, it is with the annelids, or worms, only in a less marked degree, each transverse section only, becoming a new worm. It is interesting to observe that in these instances the head of the worm is renewed first, then the tail. This fact leads Von Hartmann to observe that since each section of the divided worm "always furnishes a specimen manifesting the typical idea of its kind, this effect cannot be due to a dead causality, but the type-form must be present in each piece of the animal." "Every fragment of the animal," he continues, "must have the unconscious image of the type according to which it accomplishes this regeneration."† It is difficult to ignore this conclusion of Von Hartmann. In the process of this regeneration may be observed the gradual development of the organs of the head, "its closely packed rings, expanding on all sides," "prolongations of the digestive canal, the vascular system, and the ganglionic cord"—organs which have nothing in common with the part from which they spring, the development of which is quite inconceivable, except on the assumption of the existence of an innate ideal or mental factor.

As wonderful as this phenomenon is, it is nearly equalled by the powers of reproduction of other species of the lower animals. Spiders throw off injured legs and regenerate them. So do crabs. Fishes likewise regenerate their fins; lizards their tails. The Asterias reproduce their rays; so do snails and beetles their injured and lost antennæ and tentacles. Pigeons, according to Voit, have been known to regenerate their destroyed cerebrum, together with its function. Birds renew lost feathers, fishes their injured scales, and frogs their broken legs. Equally wonderful are the physiological exploits of the Holothuriæ which inhabit the South Sea. According to Von Hartmann these animals "devour coral sand; and if they are taken from their native haunts and transferred to clear sea-water, they of their own accord, eject from their bodies the intestinal canal, with the brachiæ and all other organs connected therewith, in order to form new viscera more in harmony with their altered medium." *

Some species of animals, belonging to the lower orders of the vertebrata, manifest powers of regeneration of lost or injured parts almost equalling in marvelousness those of the Annelida. For example: "Spallanzani saw among salamanders the four legs with their ninety-eight bones, besides the tail, with its vertebræ, reproduced six times within three months; in others, the lower jaw, with all its muscles, vessels and teeth, was regenerated." The eye, in this species, according to Blumenbach, has been known to reproduce itself when the optic nerve escaped injury and a part of the membranes of the eye remained intact. Would any one dare to deny that these marvels of conservation and repair are not due to psychic power?

These phenomena of unconscious minds are classed by physiologists among examples of reflex influence—an explanation which does not explain. We shall return to the subject further on, in connection with the same class of phenomena in man. For the present, let us proceed to consider the evidence of psychical actions in the phenomena presented by instinct, so-called.

Take, for example, the phenomena presented by ants. This animal is supplied, of course, with the rudiments of a nervous system, but it is totally devoid of a cerebrum, and, therefore, of an organ of consciousness. Nevertheless, he exhibits many of the psychical powers of man, such as building a place of refuge, providing homes, food, protection against enemies, making war, holding slaves, having caste distinctions, etc. They exhibit remarkable sagacity in treating their wounded, as do the wounded extraordinary powers of recovering from wounds. Latville cut the antennæ of an ant, whereupon other ants came and covered the wound with a viscid fluid, secreted by their mouths. Moreover, ants make use of ambulances in carrying off their wounded in battle, and were probably the first to invent that contrivance for transferring the wounded.

According to Pierre Huber, an authority on this subject, vouched for by Darwin, the habits of the various species of ants differ greatly, as likewise do the habits of members of the same species. Some species make the female do the work; in others, the burdens of life are borne by the males; some species are war-like; others, peaceful. Some species are slave-holding, and live in genteel leisure, making their slaves do the toiling; while others work with their slaves; other species do not indulge in slave-holding, but do their own work. "In Switzerland," says Darwin, "the slaves and masters work together, making and bringing materials for their nests; both, but chiefly the slaves, tend, and milk, as it may be called, their aphides; and thus both collect food for the community. In England, the masters

* Philosophy of the Unconscious. I., p. 63.
† *Ibid.*, p. 144.

* Philosophy of the Unconscious, I., p. 146.

alone usually leave the nest to collect building materials and food for themselves, their slaves and larvæ, so that the masters in this country receive much less service from their slaves than they do in Switzerland."* The species above observed by Darwin was the *formica sanguinea*.

We cannot forbear to note in passing some curious observations of Huber of the remarkable social customs of the *formica rufescens*. "This ant," says Darwin," is absolutely dependent upon its slaves; without their aid the species would certainly become extinct in a single year. The males and fertile females do no work of any kind, and the workers, or sterile females, though most energetic and courageous in capturing slaves, do no other work. They are incapable of making their own nests, or of feeding their own larvæ.† So utterly helpless are the masters of these animals that when Huber shut up thirty of them without a slave, but with plenty of the food which they like best, and with their own larvæ and pupæ to stimulate them to work, they did nothing; they could not even feed themselves, and many perished of hunger. Huber then introduced a single slave (*F. Fusca*), and she instantly went to work and saved the survivors."‡

These remarkable phenomena the great Darwin seemed content to class as instinctive, though he could not do otherwise than to marvel at them. Since instinct, according to the physiologist, is "purposive action without consciousness of the purpose," the conduct of the *formica rufescens* may be instructive. But whether due to instinct or not, it is mental and, therefore, psychical; since, also, it is not due to conscious volition, it must be due to unconscious volition, the existence of which among all species of animals is maintained by Hartmann. Nor is it, indeed, confined to animal life.

Next in the order of Unconscious intelligence stand the mental phenomena of the hive-bee. They are closely allied to those of the ant, and are too well-known to be more than referred to here. Without a cerebrum, possessing nothing comparable to one but sensory ganglia, the bee has never ceased to astonish the physiologist by the number and variety of its "purposive actions without consciousness of its purpose." The bee, however, does not confine its actions to the sphere of instinct as recognized by the typical physiologist, for it does not conform itself to fixed rules, or a regular, uniform method. For example, Huber, by special contrivances, prevented bees from carrying on their instinctive mode of building from above downward, whereupon they built from below upward, and even horizontally, conduct more complicated than that typical of instinct. The sense of instinct is better illustrated by the actions of a caterpillar, observed by the same author, which, having completed its hammock to its third stage, was put into one already completed. It seemed at first much embarrassed by the new situation, and finally was forced to go back to the point of its own hammock, at which it had itself left off, executing anew the fourth, fifth and sixth stages, which had already been wrought out.

The bee, moreover, performs other acts, which are above instinct, in the usual conception of that term, for it carries on operations which require the co-operation of other bees and a guiding, directing mind, very much like similar operations among men, even to the division of labor. For instance, in constructing its hives the bee works in gangs, in a manner altogether similar to works which require joint combinations of men, under a single head or leader, one bee confining itself to a particular kind of work, as excavation, another to wall-building, another to the ceiling, and so on to the number of a score or more workers, in the completion of their marvelous work, which is all the more marvelous of them by reason of absence of language, or other visible means of communication among the workers. Surely no operation of conscious intelligence is more extraordinary than this, which is carried on, not by the bees really, but *through the bees*, by the laws of the Unconscious.

A higher and equally interesting order of instinctive phenomena, due, as the physiologists would say, to the presence of sensory ganglia, is observable among the higher vertebrates, the domestic fowls, for example. The chick breaks its own shell, in which it is hatched, with the tip of its bill and helps itself into the external world, gets on to its legs and forthwith begins to peck at insects, seeds, etc., with unerring aim. In this connection the experiments of Mr. Spalding, of England, are *apropos*. This gentleman continued to have chickens' hatched and kept secluded in a bag for a day or two, when on being taken out they would almost immediately "set off straight for the box in answer to the call of the hen, though they had never seen her and had never before heard her voice." "This they did," he observed, "struggling through the grass and over rough ground, and when not yet able to stand steadily on their legs." The same writer remarks that a turkey but ten days old, which had never seen a hawk, was so alarmed by the note of one secreted in a cupboard "that it fled in a direction opposite to the cupboard with every sign of terror."*

Of the habits of most animals which are supposed to be guided by instinct, unconscious intelligence would afford a better explanation, since such animals adopt unconsciously the proper means to a desired end—these means constantly varying according to varying circumstances. For example, in cold climates, birds sit on their eggs in order to hatch them; in warm climates they leave them to be hatched by the sun, because, as Von Hartmann says, the bird "sees the goal of its instinct attained without its assistance." When circumstances are such as to place its eggs or their little ones in jeopardy, the birds hide their nests, some in the sand, others in caves, holes, thick foliage, shrubs, grass, etc. "In South

* Origin of the Species, p. 216.
† *Ibid.* p. 212.
‡ *Ibid.* p. 212.

* *Macmillan's Magazine*, Feb. 1873.

Africa the sparrow begirds its nest with thorns as a protection against snakes and apes." How different, too, are the styles of nest-building among birds of the same species.—in the mode of building, materials used, place of building, etc., the best means to the desired end being usually kept in view. Some birds, moreover, build no nests at all, resorting to other and less troublesome but equally effective means of caring for their brood. The cuckoo, for example, deposits its eggs in the nests of other birds, to be hatched and tended by them. They hide their eggs, so to speak, among the eggs of other birds; and what is most remarkable, although its eggs are of different color and sizes, among the various species of cuckoo, each cuckoo lays its eggs in nests of birds whose eggs are as nearly as may be of the color and size of its own. Otherwise the device would fail and the end be defeated.

"Instinct is the voice of God," said Kant, to which Von Hartmann responds, yes—"the God in one's own breast, the immanent God." * No one with an adequate conception of the marvels displayed by these low species of being, in adapting means to ends, can fail to be impressed by them as was the illustrious Kant. If it be not God, it is a psychic power possessing the attributes which one ascribes to God. One cannot escape from the conclusion to which these phenomena lead, namely, of the existence of a power behind them having an inflexible purpose, intelligent, and yet unconscious, and working out for them a destiny fixed and irrevocable. In the mammalia the law of the Unconscious is equally manifest, though it impresses us with less significance, for the reason that we recognize in the mammalia the existence of conscious intelligence. This, however, takes little part in the instinctive, or unconscious actions performed by them, except, as in man, to interfere with the law of its perfect fulfillment. The habits of every individual of this species, below man, are under the direct influence of the Unconscious, and are regulated by it with not less certainty than are the functions of organic life. Many of them provide against inclement weather and the contingency of want, by storing food and building places of abode and refuge—securing themselves against want, cold, storms and their enemies. They choose such food as is best suited to them with the same degree of certainty that Nature shows in digesting it, and reject improper or injurious articles of food with greater sagacity than that afforded by conscious intelligence. So likewise, in protecting themselves against morbific causes, as infection, they instinctively resort to such measures as science has shown to be the more efficacious, namely, cleanliness. They show a remarkable degree of clairvoyance as to death, time of delivery of their young, weaning, etc., a kind of foreseeing in which man is deficient. The female of the house-cat, for example, keeps no record of the time of her travail. Yet she knows when "her time is up" and prepares a place for her confinement. When her litter reached the point of development at which they become independent of the mother the latter refuses longer to suckle them, even driving them away from her, showing a degree of clairvoyance as well as sagacity which the human mother does not possess. Moreover, animals wash their young and take care to keep themselves free from parasites by bathing and the use of sand and similar substances. Many of them bury their excrement to prevent unwholesome or offensive odors. When sick they refuse to eat, but drink water freely. When suffering from fever they bathe in water, seek outdoor air and avoid the light. If likely to die they seek places of seclusion, where they may be free from annoyance and at rest.

These prehensile and conservative instincts among the mammalia excite less wonder on the normal side than on the abnormal, though the normal are no less wonderful than are the abnormal. Dogs and cats, suffering from disordered stomach, eat certain grasses, which have the effect of purging and vomiting. The dog also eats fat with avidity when constipated and in need of purgation, but abstains from it in his normal conditions. The horse will eat fat for the same purpose; and earth, coal-dust, etc., when suffering from worms. Cattle seek certain herbs when ill—medicinal herbs—such as they would not eat when well. Horses and other animals, when suffering from chronic rheumatism, expose themselves to the sun. Dogs and other animals seek water in which to bathe their wounded limbs. M. Delaunay, a French writer, has recorded many instances of instinctive therapeutics among the lower animals when suffering from fever, infection, wounds, etc. He relates the case of a dog that, on being stung by a viper, held the part in running water for days, until it finally recovered. He instances also the case of a dog that was badly injured by being run over by a carriage, and that remained lying in a brook during three weeks. The animal recovered. A terrier was severely wounded in his right eye. It secluded itself from the light and heat and ate a light, abstemious diet. The wounded eye was treated with spittle applied by itself by means of its paw, which it licked on its upper surface and then applied it to the wound. This it did repeatedly until the wound healed. The cat shows similar sagacity in treating its wounds. M. Delauney relates instances in which this animal, which in its normal state, exhibits dread of water, when wounded, had sought the stream in which to bathe and irrigate the wounded part. The same is true of savages but slightly removed in the scale of being from the animal. The chimpanzee, when wounded, arrests bleeding by compression, and dresses the part with leaves and grasses. Low-bred savages dress their wounds in water, lie in running water, abstain from food, and drink nothing but water when suffering from fever. When infectious fevers, as smallpox, break out in their camp, the camp with all its appurtenances, is burned and its inhabitants removed to fresher and more wholesome quarters. These and other similar psychical phenomena showing unconscious willing to the fulfillment of a

* Philosophy of the Unconscious, II. p. 27.

conscious end, are put by the physiologist in the category of "consensual impulses," a phrase which should deceive no one, since in whatever phraseology the phenomena may be disguised, their psychical origin and character remain to proclaim to us a most wonderful and awe-inspiring truth, namely, that Mind is the genius of the world, the power that designs, moulds into form and being, and determines the destiny of all things.

FLOATING KIDNEY, WITH PECULIAR MENTAL DISTURBANCES.*

By Carl Weidner, M. D., Louisville, Ky.

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THIS patient, Mrs. B., æt. forty-six years, I want to show you, and call attention to a few points in connection with the several troubles from which she suffers. She has a floating kidney, which in itself is a condition that we do not often encounter. Besides there is a dilatation of either the abdominal aorta, or some of its branches, which can easily be made out. The right kidney, as will be observed, is very distinctly movable. It may be easily found at one examination, then perhaps at the next it cannot be found. Some time ago Dr. Marvin examined this patient, and found that the kidney was very distinctly movable, but not apparently enlarged.

She has had symptoms which point almost typically to floating kidney. One of the symptoms is the passage of a very small quantity of urine at one time, and excessive quantities at another; at intervals of many weeks this would occur, showing that there must have been at one time or other some obstruction; still I have been unable to make out any dilatation of the pelvis of the kidney.

I have known this lady for twelve years, and twelve years ago, when making an examination for another trouble, I made out this aneurismal dilatation; that is, I was able to get an impulse and a distinct aneurismal bruit. The dilatation seems to have increased but slightly in the twelve years. She has complained of this sensation, that she felt a throbbing and fluttering occasionally, sometimes referred higher up about the chest. She has never had any other symptoms which were directly attributable to the dilatation. By placing one hand on her back and the other in front, and making firm pressure, the kidney can be very readily felt. Occasionally she tells me that she feels very great uneasiness in the epigastric region. The sensation is as if something was turning or twisting around. At times she has complained considerably with pain in her back. She has some evidences of marked catarrh of the bowel; her actions are sometimes of such a character as would suggest typical membranous enteritis. She has brought me typical membranous masses passed from the bowels. Some were small, others as wide as one inch, and two or three inches in length. Examination showed them to be fibrous masses.

REMARKS.

Dr. J. W. Irwin: I find here a rather delicate lady. I have not gone into detail as to her history, but she has volunteered to tell me a single phenomenon which she has observed herself, and that is, that she constantly hears some one talking to her in her ears. There is a dilatation of the abdominal aorta, beginning below the stomach and extending down fully two inches below the umbilicus. The transverse diameter of the aorta, as far as I can find on percussion, is about two inches at its greatest width, tapering upwardly to the place of beginning. The murmur in this case is heard at the beginning of the dilatation, showing that it corresponds to the place where the rupture has probably occurred in the coats of the vessel. Can it be that this is a false aneurism? All the coats are involved, and the vessel is distended downward.

In the right hypochondriac region I find an enlargement about the size of my fist, which extends downward and forward toward the median line. I take it to be the kidney. I did not turn the patient over to demonstrate its absence from the normal situation. Taking it all in all, there is no great difficulty in discerning the outlines of the kidney by palpation.

Observation such as I have been able to make, partly in the dark, allows me to corroborate the statements made by Dr. Weidner in introducing the case before us. The case is a remarkable one in some respects; *i. e.*, that a separate aneurismal tumor does not appear in line with the abdominal aorta, and the fact of this enlargement having been in existence for so long, seems still more remarkable. There is very distinct aneurismal murmur heard over the aorta.

I have one case of floating kidney in the city, and in that case I find the kidney most of the time lower down in the right side. At times the patient suffers a great deal of pain in the neighborhood of the tumor, evidently of a colicky nature, and when she moves the tumor backward and upward in the direction of the spine and into the lumbar region she has very copious discharges of light-colored urine, but while she has pain the urine is rather scanty and highly colored, evidently coming only from the other side. At times she becomes feverish; she is the subject of hysteria, and at all times her health is not the best. This case has been under my observation seven or eight years, and there is no mistake as to the nature of the trouble. Besides having a floating kidney, she also suffers from syphilis contracted ten or twelve years ago. Under some very imperfect treatment which she received she has shown lately evidences of syphilitic growths in the brain. She also has nodes on the clavicle, on the sternum and on the frontal bones, which have become very prominent and firm. Whether this condition has had anything to do with the state of the kidney I do not know, but presume it has not. There is no history of traumatism,

*Read before the Louisville Clinical Society. Stenographically reported for this journal by C. C. Mapes.

and nothing unusual ever occurred at the birth of any of her children to show that she had been subjected to any strain.

Dr. Louis Frank: I examined this patient particularly as to the floating kidney, and find it well down in the abdominal cavity, comparative down almost into the inguinal region. It is quite movable, and somewhat painful on slight pressure. I was unable to make out any dilatation either of the pelvis of the kidney or along what was probably the course of the ureter.

As to the aneurism—I did not ausculate, but there is felt a distinct bruit by palpation, and in this same region can be felt a tumor of some sort which is movable laterally. I believe I would consider the question as to whether the tumor felt in this region, *i. e.*, in the median line over the aorta, did not have something to do with the aneurismal sound, the bruit, which is heard by auscultation and also felt by palpation. I notice also that the woman has some arterial degeneration, as shown by the condition of the eye. There can be no question as to the diagnosis of floating kidney, also of aneurism, although I believe the dilatation is very slight, and possibly the bruit is in a measure due to pressure of the tumor which is felt in this region.

Dr. T. P. Satterwhite: I have only seen one floating kidney, and that was in a patient of mine twelve years ago, which Dr. Ouchterlony saw with me. It was very distinct, the whole outline of the kidney could be felt very readily; it came over toward the median line. The patient had complained for many years with abdominal pains, which were obscure, and not accounted for until the discovery of this tumor, which we had no difficulty in diagnosing as a floating kidney. Nothing was done for the displacement, and the patient is probably living to-day.

Dr. Louis Frank: I want to call attention to the fact that in these cases diagnosis can usually best be made with the patient in the standing posture; this is the best way to make an examination with view of completing a diagnosis. Floating kidneys are not always freely movable; they most often occur upon the right side, and are most common in women. If any great amount of trouble is occasioned by the condition, then I think the patient should be operated upon. Edobohls has shown some remarkable results in the silk worm gut suture in this class of cases.

Dr. John E. Hays (visiting): Cases of movable kidney are not seen very often, and when they do occur they are necessarily interesting. I saw this case some time ago when in charge of Dr. Weidner's practice during his temporary absence; there was then some disturbance about the lungs, and at that time I was able to make out the floating kidney without any difficulty. She also had at that time serious disturbance about the kidneys—the passage of large quantities of light-colored urine.

The question as to whether there should be any operative interference in this case particularly, is one that would necessitate a great deal of care. There are other conditions present, which I presume Dr. Weidner will speak of, that might forbid any operative interference, and even at her age, with no more pronounced disturbance than there is, from the condition of the kidney, I doubt very much whether any operative procedure would be advisable.

Dr. F. C. Leber (visiting): I believe that Dr. Weidner's diagnosis is absolutely correct, so far as the floating kidney is concerned. I am not so sure about the aneurism. The diagnosis of floating kidney is sometimes exceedingly difficult. I diagnosed one twenty years ago, that eventually came very near being operated upon. I made the diagnosis in that case by carefully palpating the lumbar region on both sides, finding a deep depression in the right lumbar region. Nearly all cases of floating kidney occur in females. The deep depression is generally on the right side, rarely on the left. When the kidney is not adherent to any organ, it moves in accordance with the respiratory rhythm; during inspiration the kidney is pushed downward, and during expiration it recedes.

I know of no conservative method of treatment to be relied upon; trusses are absolutely useless, and I think these cases ought to be relegated to the surgeon for operation, for fixation of the kidney in the lumbar region in its proper position. As I have indicated, floating kidney almost invariable occurs in females, and usually on the right side. I have never seen a floating kidney in the male. I have observed in all three cases. There was comparatively little difficulty in making a diagnosis in either case. In this case we can make out the exact shape of the kidney in its abnormal position, and we can also demonstrate its absence in the normal site, by palpation in the lumbar region. I can distinctly feel the left kidney in its proper position, but there is a depression where the right kidney should be.

Dr. Carl Weidner: I showed this case because I regard it as an extremely interesting one, also to get some advice as to another point. There can be no question about the correctness of the diagnosis of floating kidney. I believe all the gentlemen have so stated. Concerning the aneurism, I can feel a distinct dilating impulse; I get a thrill by palpation, and hear a bruit by auscultation. There has been all this time a marked enlargement of one of the vessels, I do not know which one, whether the aorta or whether it is a branch which runs at an acute angle from the aorta, such as the large mesenteric. The hardness that Dr. Frank feels back of this I think is nothing more or less than the vertebral column, as the patient is quite thin. I think this is the reason we feel it so distinctly and so plainly, and it may cause us to think there is an aneurismal dilatation when there is none.

Dr. Irwin made one remark which I simply wish to refer to: He does not think this is a true aneurism. I would like to know why it should be a false one. By a true aneurism we mean a dilatation of a vessel, with rupture of one or two of its coats. A false aneurism is one where all the coats have given away and the blood has become encapsulated. There are no evidences of a false aneurism in this case.

As to operative interference, from the fact that this patient has been under my observation for over eleven years, and there has been no marked increase in the dilatation nor any pronounced symptoms from the floating kidney, I see no reason for operating now.

Dr. Irwin called attention to another feature which I will now give in detail, as the patient has been excused, and that is her mental condition. She has, outside of the two troubles already mentioned, a third factor, which has become more and more pronounced during the past few years. She has had several forms of mental disturbance. She began with a form of hallucination that was referred mainly to objects as well as ideas. At that time, about two years ago, she imagined some one was speaking to her; she imagined that some one was putting something in her hand; or that she saw something running across the floor and about the house; she imagined that she saw something fall, that she heard the noise, etc. But another factor always present was that she heard singing; that the people would sing when she asked them. Within the last three months these mental disturbances have become much more marked, and the main symptoms she complains of are these: During both day and night, except when she is asleep, and she only gets two or three hours' sleep, even under the influence of hypnotics, she hears noises, she hears voices; she hears them distinctly speaking to her, giving her directions what to do and what not to do. Now she refers these voices to some that are known to her, and also others whom she knows nothing about. Those known to her are her husband and daughter. For instance, she will take up the newspaper and begin reading; presently she will say: "Now they are reading for me." She simply looks at the paper and says that her husband or daughter reads to her. These symptoms have been very much aggravated in the last three months; she gets very little rest; she has been getting various hypnotics without any effect to speak of. She has lost some in flesh, but not as much as one would think with the tremendous loss of sleep. Her appetite is moderately fair. She has never exhibited any homicidal or suicidal tendencies, or demonstrations of a violent nature, so far as I know.

I am very thankful to the gentlemen who have discussed the case in regard to her physical ailments, and I would also solicit counsel as to the best method of managing the case as relating to her mental condition, and whether it will be advisable to send her to the asylum.

Dr. Boggess (visiting): In my judgment this is a typical case of delusional insanity. As to treatment and outcome of the case, all I can say is that these cases are very dangerous, not to the patients themselves, but to their families. This old lady will some time in the near future possibly hear voices telling her to kill her husband, or her daughter. These are the cases that result in homicide more frequently than any others. To my mind it is a typical case of delusional insanity, which is gradually growing worse, as Dr. Weidner has stated. Her mania seems to be associated chiefly with her husband and daughter, as she imagines they tell her to do things, etc. They are very dangerous cases, and almost all cases of homicide—killing of a child, husband, mother, daughter, etc.—are these cases of delusional mania. It is a well-known fact, I think, that floating kidney oftentimes produces such nervous disturbances; exactly why this should be so I cannot say. In some cases it has been known to result in insanity, in others melancholia, and some form of mental disturbance quite frequently results. It may be due in this case to some disturbance from the aortic aneurism, but I know the books state that these cases of floating kidney should be operated upon, for the reason that they are likely to produce many nervous symptoms. This may be the cause of the mania in the case presented to-night. The woman is really suffering from delusional insanity, and for the safety of her friends, especially her immediate family, she should be confined. These are the cases in which hypnotics do not have much effect. If not now, in a very short time, this patient will have to be confined in an asylum, as the case will become one of typical melancholia.

Dr. Aug. Schachner: I wish to say just a few words in regard to the floating kidney element of the case. Drs. Nemann and Morris, who have written the best works upon surgical diseases of the kidney, have pointed out in a very emphatic way that we do not usually make the distinction which we should between *floating* and *movable* kidney. There is a distinct anatomical difference between floating kidney and movable kidney. There is a difference in the range of motion, and also in the anatomy of the condition. In movable kidney there is not a mesonephron as there is in floating kidney; the floating kidney has a distinct mesonephron, which gives it a very wide range of motion. It is very necessary to make that differentiation between floating and movable kidney, before you can intelligently apply any measures toward relieving the condition. In this case I think the floating kidney element is one for surgical consideration, yet there are other conditions which are of more importance, and overbalance the element of floating kidney. Operations for floating kidney have been rather unsuccessful. The most satisfactory operation that we have for this condition, which the authorities recognize, is where a lumbar incision is made and the kidney fixed in proper position, either by means of silver wire or silkworm gut. In this fixation everything is stripped from the kidney between the parenchyma, and the kidney is brought up close against the abdominal wall with the right parenchyma of the kidney exposed and anchored there, either by permanent stays in shape of silver wire or silkworm gut; these sutures are introduced deep through the kidney structure and left there, until good fixation has occurred. In doing this operation it is desirable to get as much inflammatory action as possible, in order to make a good, firm, plastic anchorage.

Dr. P. F. Barbour: I shall speak only of the insanity features of the case. I agree with Dr.

Boggess in the diagnosis of her mental condition. The prognosis is very bad in such a case as this. for she has delusions not only of sight, but also of hearing. The involvement of more than one sense adds to the gravity of the case. I did not understand Dr. Weidner to say that this patient had evinced any other symptoms of melancholia, but I have no doubt she will develop them in a short time. I would advise her confinement in an asylum, where safety to all concerned would be secured.

THE MANAGEMENT OF ACCIDENTS OCCURRING DURING THE ADMINISTRATION OF A GENERAL ANÆSTHETIC.

BY J. HUBLEY SCHALL, M. D., BROOKLYN, N.Y.

NO department of surgery demands more thorough acquaintance with the necessities and the possible dangers of the situation than anæsthesia. The comparative rarity of accidents is the unquestionable cause of the indifference to this important subject that is everywhere apparent; but the rarity of accident is no excuse for the absence of precaution.

The assistant to whom the responsibility of administering a general anæsthetic is committed, should be familiar with all the signs that may appear, and he should also be perfectly familiar with the various methods of resuscitation in case of accident.

The administration of a general anæsthetic is very often confided to a recent graduate, and frequently to a student scarcely out of his teens—a youth without experience, and without the slightest comprehension of the responsibility he has assumed. The person charged with the responsibility of giving an anæsthetic should concientiously study the patient's pulse and respiration during the entire period of narcosis, and should be able to properly and immediately meet any complication that may arise, as success depends on the celerity with which everything is done. Many a life, no doubt, might have been saved, which was lost in consequence of delay on the part of the anæsthetist, who knew not what to do at the time of danger. Again and again, I have seen youths administering an anæsthetic, who, instead of devoting their entire attention to the respiration and circulation of the patient, may be seen craning over the body of his semi-asphyxiated victim, striving with childish curiosity to follow the details of a perineal operation. Such misplaced attention is entirely wrong, and an injustice to the patient. With a thoroughly trained anæsthetist a fatal accident is an exceptional occurrence.

The limited knowledge displayed by many practitioners in the treatment of accidents occurring during the anæsthetic state would be amusing if the results were not so sad and serious in the end. The idea entertained by a large number of men is that any complication arising during narcosis can be met with a few injections of whiskey or ammonia. Further means of resuscitation, as I have very frequently noticed, end here.

Position of the patient has been assigned as a cause of death in certain instances. Perrin records nineteen cases in which the anæsthetic was administered in the sitting posture with fatal results.

Under no circumstances would I ever be tempted to give an anæsthetic to a patient other than in the recumbent position, as the dangers of sudden syncope are infinitely greater.

We should keep in mind that the period of great danger is mainly in the early stages.

In the primary stage the feeling of apprehension may in a measure be avoided by a few encouraging words, and engaging the patient to inspire deeply, for the purpose of shortening the stage of excitement.

The mode of inhalation is known to constitute a cause capable of producing fatal results. A too hasty administration of the vapor produces a rapid saturation of the tissues and consequent death. It should always be kept in mind that the primary stage of anæsthesia is one of excitement. A sudden, full inhalation may act as shock, and produce disastrous results, Never be in a hurry in giving an anæsthetic, and much time and difficulty will be saved. Rapidity in producing complete narcosis is by giving a continuous concentrated vapor.

The opinion prevails, more or less generally, that narcosis is complete when the conjunctiva becomes insensitive; this is an error. If the anterior surface of the trunk is insensible to touch, then anæsthesia is complete, as insensibility persists longer in this neighborhood.

In a general way the treatment of a patient in collapse under anæsthesia is simple, and, as a rule they respond nicely to the proper resuscitant.

The excessive coughing produced by the respiratory irritation may be overcome by giving a less concentrated vapor until the irritation disappears.

Patients, as they approach the second stage, sometimes offer a violent resistance. Under such circumstances it is not uncommon to see a half dozen assistants throwing themselves upon the struggling form of their victim, while one pours upon his face a shower of the anæsthetic. Such a course is imprudent, to say the least, nor is it necessary. With patience and perseverance, employing a little more time than usual, the most violent individual can be subdued. In my experience it is just this class of cases in which the transition from excitement to sudden collapse takes place.

In the second stage of anæsthesia the patient may cease to breathe; this is known as "respiratory forgetfulness," and can be corrected by a dash of ether on the epigastrium or sudden pressure on the chest.

Before complete anæsthesia is produced there may be a respiratory spasm. The main symptoms of this conditions are, fixation of the lower jaw, cessation of breathing, cyanotic countenance, and if there be hemorrhage from a wound, there appears a dark venous flow from it. The cause of this spasm is probably due to irritation from

the inhaled vapor of the laryngeal and pharyngeal nerves, resulting reflexly in a contraction of the pharyngeal, laryngeal and maxillary muscles. The question now is, How can respiratory spasm be overcome? The method I have used to best advantage is one suggested by Dr. Northrop, of Philadelphia, and that is forcing forward the lower jaw. Failing in this, grasp the tongue with Volsellum forceps and make rhythmical traction; after a proper trial the anæsthetist is usually relieved by seeing the patient gasp, the lividity disappear, and the respiratory function resumed.

Every sudden modification of the rate or volume of the pulse should be guarded. It is well-known that during complete narcosis there is a diminution of the number of beats; but this diminution is gradual. A small, hard pulse need not cause suspension of the inhalation. The admission of more air will be sufficient; but it should be remembered that if the pulse becomes intermittent and thready, the danger of syncope is immediate; then stop the anæsthetic, lower the head of the patient, elevate the extremities and rub the surface of the body in a manner favorable to the propulsion of the blood through the capillary network of the skin.

When complete anæsthesia has been reached it can be maintained by the continuous administration of small quantities of the anæsthetic given by the "drop by drop" method.

Mucus in the pharynx or larynx may seriously embarrass the breathing. It can be removed by lowering the head and turning the face to one side, thus allowing it to flow into the mouth, when it can readily be removed by a sponge or wad of cotton attached to a pair of artery clips.

Vomiting during the anæsthetic state is annoying, and at times serious, owing to the vomited matter getting into the respiratory passages and obstructing them. As soon as any signs appear, force the anæsthetic and keep up the lower jaw. If vomiting follows, lower the head and shoulders, turn the patient over on the side, and wipe all vomited matter from the mouth. If cyanosis appears, rapidly invert the patient, draw out the tongue, swab out the mouth and pharynx, and, if resuscitation is not immediately secured, perform tracheotomy, as low down as possible, followed by artificial respiration after Sylvester method.

The tongue may fall back and close the glottis, the patient becomes blue, pulse irregular, with embarrassed respirations. Under these circumstances extend the head, throw the lower jaw forward; this acts on the hyoid bone, elevates the epiglottis and opens the glottis, admitting a free ingress of air.

At times the breathing may become superficial, or cease entirely, without being obstructed. Remove the inhaler, allow fresh air, and dash a little ether on the epigastrium. The shock thus produced will often stimulate the respiratory act. Should the pulse become weak and intermitent, forcibly knead the area over the præcordium, failing in this, dilate the anal sphincters. The breathing still continuing to be shallow and intermittent, artificial respiration should be performed until morally certain life is extinct, or the respiratory function has been resumed.

Sudden collapse due to cardiac failure calls for bold stimulation. Stop the anæsthetic; a hypodermic injection of ether, or dilute aromatic spirits of ammonia, will very often suffice to bring back tone to the pulse. Should there be no response, rectal injections of valerinate of ammonia and whiskey, of each an ounce, will sometimes be of value. A mixture of digitalis and strophanthus, in some cases acts rapidly.

One of the most efficient heart stimulants I have ever used in sudden collapse is the "Collapsic Mixture." It is composed of the following ingredients: Benzoic acid, 1.5 grms.; camphor, 1 grm.; rectified spirits, 12 grms. One drachm given hypodermically may be used, and frequently repeated if necessary.

Subcutaneous injections of nitro-glycerine and brandy, 1-100 gr. of the former to a drachm of the latter, has proven of great value in my hands; as a last resort it may be injected directly into the femoral vein.

Faradization of the phrenic nerves must not be forgotten. One electrode should be placed in contact with the wall of the thorax, over the sixth intercostal space, on the right side of the body, while the other electrode should be placed over the right phrenic nerve, just outside of the carotid artery in the neck. Its use should be combined with the attempt to fill the lungs by artificial respiration. The current should never be energetic.

Failure of the circulation, due to hemorrhage, needs the most heroic treatment. If there has been a great loss of blood, our first object should be to diminish the size of the circulatory system, and thus attempt to fill the important vital centers. This is best accomplished by bandaging the extremities from the periphery towards the trunk. Elevate the limbs and apply dry heat to the body. Stimulate the heart with nitro-glycerine and brandy or the "Collapsic Mixture," then perform transfusion, using a saline solution, prepared by adding to each pint of recently boiled water, one drachm of clean table salt. It should be injected at a temperature of 100° F., at the rate of a pint in fifteen minutes. The quantity injected should, nearly as possible, equal the quantity of blood lost. The pulse should be carefully watched during the procedure. Bold stimulation should be resorted to, soon as the patient is conscious enough to swallow.

In regard to chloroform narcosis: As is well known, anæsthetic vapors are very irritating to the superficial nerves of mucous membranes of the respiratory tract. On this account reflex accidents are liable to occur, most likely to affect the heart, especially in the early stage. Rosenberg, a German surgeon, overcomes that danger by first spraying the nasal passages with a 10 per cent. solution of cocaine, repeating the spraying every thirty minutes if the anæsthesia is prolonged.

Chloroform should always be administered by the "drop by drop" method. The cocaine is

antitoxic to the chloroform. By careful administration of the anæsthetic, the probability of an accident will be greatly reduced. In case an accident should occur, forcible dilatation of the rectum, regular traction upon the tongue, and stimulating the heart by rapid, forcible pressure of the hand over the region of the heart, offer almost a positive promise of resuscitation.

Let it be remembered that a hypodermic syringe and an ounce of brandy is of little value in treating all cases of collapse under an anæsthetic, and let me emphasize the great importance of keeping up and well forward the lower jaw during the entire period of anæsthesia.

The value of amyl nitrite should never be forgotten in cases of impending death from any anæsthetic, especially chloroform. If respiration ceases, it can no longer reach the blood through the lungs, and it should be hypodermically injected. Great caution should be taken in its use under such circumstances, for the remedy itself is a depressing poison, and the addition of its effects to those of chloroform may easily become doubly disastrous; but in cases where the patient is not actually dead, where respiration continues, and an extreme pallor and failure of the pulse indicates danger, the cautious exhibition of this remedy may prove advantageous. When the condition, during chloroform poisoning, is, therefore, such that artificial respiration and reflex-excitants are powerless to resuscitate the patient, amyl nitrite will prove to be a useless remedy. It will act as a positive source of danger. But when the dangers present are dependent upon a feeble circulation, judicious administration of the amylic vapor will prove useful.

Troublesome vomiting following anæsthesia very often can be controlled by placing a napkin saturated with vinegar over the patient's face, care being taken to allow all air inhaled to pass through the linen cloth. This cloth must be kept on as long as possible (for four hours at least). If the cloth is removed too soon, nausea will follow.

EXTERNAL AND INTERNAL USE OF OX BLOOD.

BY JAMES ROBIE WOOD, M D., NEW YORK.

A BRUSQUE and belligerent semi-medical paper reaches me semi-occasionally. Utterly careless of its circulation it prefers the whipping-post to the molasses cask for persuading the world, and others, to adopt its espoused ideas.

For many months its vigorous, dogmatic and stubbornly honest editor, who is a medical man by brevet, has continued to publish accounts from physicians of the surprising efficacy of ox blood, in the form of "bovinine," in various diseased conditions. Especially as a soothing and curative application for painful varicose and other ulcers, tubercular ulcerations, gangrene, abscesses, burns, erysipelas, cancer, carbuncles, chancroids, pyæmia, painful crushed and lacerated wounds, etc. As an internal remedy in tubercular diseases of the lungs, anæmia, etc.; also in large rectal injections for cases of collapse.

Considering the statements mere assertions of enthusiasts, or, possibly, ingenious advertising matter, I paid very little attention to them, until several cases of painful ulcerations induced me to try the suggestions. Proving decidedly comforting in a few patients, I used it for a case of lupus of many years' duration. The patient, finding it a more efficacious and pleasant application than any other she had ever used, continued to apply it for some weeks. As it had controlled the disagreeable discharge better than any other remedy, she discontinued all other external treatment. The ulceration, which had been destroying the lower eyelid, was arrested, and there was evidence of repair. Had the surface been curetted before applying the bovinine, the result might have been still better. Having undergone curetting several times, years before she was not disposed to try it again. I now changed the bovinine for another beef extract, which had been prepared with heat, but after a week the patient objected, as the discharges became troublesome again. Later I shall try the Valentine's meat extract, as that is prepared without heat. Meanwhile the patient continues to improve on the bovinine, which she objects to changing again. It has also proved a soothing application in one case of erysipelas. Looking back many years, I recall the cruel use of live fowl and small animals, by suddenly cutting them open while alive and binding the bloody surface to ulcers, mad dog and snake bites. Thinking such barbarous practice vulgar superstition, I never took the pains to find out if any one was ever benefited by such means.

It may be well to add a few condensed extracts from the *Sanitary Era*, the uncompromising semi-medical journal of which mention has already been made:

"Lumberman's foot cut with an axe. Dirt and neglect for sixteen days made a serious case of the wound. Injured bones necrosed and loose, suppuration profuse. Dead bone removed, cavity curretted and washed with bi-chloride solution and packed with iodoform gauze. After three days the beef blood dressing was begun, and unusually rapid repair resulted.

"Two cases of blood poisoning from injury of finger and hand. Arms swollen and honeycombed with sloughing ulcers. Hands and arms dressed six times a day with bovinine, the cavities packed with the same on absorbent cotton. Great and immediate relief, and a perfect repair by twelfth day.

"In a case of extensive gangrene with fever and delirium, bovinine dressing rapidly relieved all suffering, and repair promptly followed.

"A serious case of erysipelas, with fever and delirium, was treated by spreading soft cloths saturated with bovinine over the face and scalp, and changing every hour. The patient convalesced in three days.

"A large chancroid speedily healed under frequent bovinine dessings.

"Numerous varicose and other ulcers were quickly cured. Some were curetted before applying bovinine.

"In cases of collapse from several causes, large rectal injections (six ounces of bovinine to two of milk) were used with great benefit.

"From a man of seventy-two, on account of a neglected carbuncle, the flesh had already sloughed off back of neck and tips of both shoulder blades. The repair said to be marvelous under the use of bovinine.

"Several cases of advanced pulmonary and laryngeal phthisis—where patients had lost from thirty to fifty pounds. Swallowing even soft food intensely painful, on account of ulcer of epiglottis.

"Treatment for three days was two teaspoonfuls of bovinine in cream every two hours. Then a tablespoonful every two hours, with beechwood creosote every four hours, for two weeks. By this time the night sweats had gone, patient slept better, cough and expectoration less, and had gained in appetite and flesh. The bovinine was now increased to a wineglassful in a glass of cream every three hours, creosote continued. Within five weeks from beginning of treatment the patient had improved in every way, and the gain was sixteen and a half pounds. At the same time the ulcerated epiglottis had improved under the use of two parts of bovinine with one of salt water, sprayed in throat three times a day.

"Dr. T. J. Biggs, who has been the most earnest advocate of the bovinine treatment, says he has treated six similar ulcerations of the throat with the blood and salt water sprays, with complete success.

"In skin grafting, it is asserted that the results have been perfect. One case which had been unsuccessfully treated by other methods, repaired satisfactorily under the bovinine dressing. The sore was on right side of face and nose—3 inches long by 1½ inches in diameter, and covered with unhealthy granulations. After cleaning and then cauterizing with a 25 per cent. ethereal solution of pyrozone, and dressed for three days with Thiersch's solution until healthy granulations were established, ten minute points of skin were distributed over the surface. These were protected by strips of sterilized rubber tissue, which does not adhere to the grafts so as to displace them when dressings are removed. The dressing was gauze soaked in salt water (one drachm to the pint of water). Over this more rubber tissue, cotton and a bandage. On the third day every graft was found feebly adherent and the wound healthy. After cleansing with Thiersch's solution, fresh rubber tissue was applied and dressed with gauze soaked in bovinine, and covered with oiled muslin, cotton and bandage. Two days after every graft was firmly adherent and wound healthy. Bovinine dressing was repeated in same manner every day for a week, when grafts were found doubled in diameter and wound healthy. Thenceforward sterilized gauze, soaked in bovinine, and nothing else, was applied directly and daily to the surface for seventeen days, making thirty-one days from beginning of treatment. The whole tract was then found perfectly healed and covered with a new delicate skin. Dressing now discontinued, and the patient told to wash the part four or five times a day with sterilized water. Three days after was fully discharged.

"In many cases the bovinine seems to remove and prevent pain."

The registered formula of bovinine is as follows:

Defibrinated bullock's blood.....	65.00
Dessiccated egg albumen.....	10.00
Old Bourbon whiskey.	19.00
Chemically pure glycerine.....	5.00

Dr. Pratt, of Chicago, has for some time used bovinine for a vaginal and uterine douche. He also applies it as a preparation for operation.

If, as stated by Dr. Biggs and many others, this preparation has such results, it may be worth while to try it further. But as medical men have been unfortunately too often called upon to trust the words of visionaries it may be difficult to try it fairly until some master mind's sanction compels us to follow, *lock step*, in the procession.

GERANIUM MACULATUM IN HÆMOPTYSIS.

By C. J. Wendt, M.D., New York.

Of the House Staff, Metropolitan Hospital, New York.

THIS drug has lately received some attention from the profession in the treatment of hæmoptysis, and clinical experience with it in the phthisis wards of the Metropolitan Hospital has shown it to be a drug of great value in the treatment of this symptom.

In order to check this constant drain on the system we must employ some drug possessing decided astringent qualities.

Experience has demonstrated conclusively that to accomplish this result we must use one of the vegetable astringents, as minerals have little or no power over the condition.

Most vegetable astringents owe their power to the fact that they possess tannic or gallic acid.

Tannic acid, possessing the power of coagulating albumen, can obviously not be used with advantage except it be applied locally to the bleeding spot, such as the alimentary track, or the surface, where it is of decided value.

Chemical analysis of the blood, after the adminstration of tannic acid, has developed the fact that the tannin does not appear in the circulation as tannic acid, but has been changed over to gallic acid before being absorbed.

Gallic acid, possessing as it does, astringent qualities, is by no means so powerful as tannin; but at the same time it has no power to coagulate albumen, hence may appear in the circulation without danger.

Geranium maculatum has been found to contain about 30 per cent. of the gallic and tannic acids, and among other things, gum, resins, sugar, starch and albumen.

That its action on the mouths of bleeding ves-

sels depends entirely upon these two acids is not certain, as the administration of either acid, alone or combined with the other, will not yield the same result.

It has been customary to prescribe this drug in from 2 to 5 drop doses of the tincture, repeated every two hours, upon the first signs of blood in the spectrum, and the results have been uniformly good.

A few doses generally suffice to stop the flow, and only in cases of long standing has it been found necessary to continue the treatment over any length of time.

In such cases the influence of the drug manifests itself by a change in the character of the expectorated blood, becoming darker, clotted and much less in quantity.

In one case of phthisis pulmonalis, admitted with a history of continuous expectoration of blood for four days, and within twelve hours previous to entrance had lost a cupful of bright red blood, was treated with this remedy, and although within twelve hours a second hemorrhage occurred, during which three ounces of blood was lost, no further trouble was experienced for at least ten days, when a few streaks were noticed, and promptly caused to disappear by a few doses.

As many as fifty cases have been so treated in the last two months, and in only one case has it failed to control the flow, this being a case of four months' standing, and under the action of the remedy is slowly improving.

Not only in phthisis is this of value, as the same result has been obtained in cases of bronchitis and passive congestion.

Hypodermatically, geranium maculatum has not been used as far as known. Experiments on animals are now being conducted, in order to determine whether or not its direct introduction into the circulation is attended with danger.

DISEASES SIMULATING TUBERCULOUS COXITIS.*

BY PROF. S. DUPLAY, PARIS, FRANCE.

I AM about to study with you a group of diseases which are not considered collectively as I should like to see it done, and they are those very different affections which simulate true tuberculous inflammation of the hip joint, while in reality there is not the slightest tuberculous lesion.

We may take as a point of departure a state which we shall find on examination of a woman aged forty-three years and a housewife, who lies in the second bed of the Nôtre Dame ward, and who but recently entered the hospital. I shall not say anything with regard to her antecedents, for they present nothing of particular note. The commencement of the affection dates back to the fifteenth of last July, when she noticed very vague pains in her right hip. She then began to limp, and the pain would completely disappear on lying down. Matters went on thus for two or three months, when she was in about the same condition that you see her to-day; it gradually became impossible for her to walk, though her pains were not very severe. The physician who treated her diagnosed coxitis, and as no amelioration followed his treatment he sent her to the hospital.

If we examine this woman in the dorsal position, with her two limbs parallel with each other, we notice neither abduction, flexion of the thigh upon the pelvis, but only rotation outwards. She is able to flex her thigh slightly upon her pelvis, and to increase the external rotation, but rotation inwards is impossible. Beyond this all the movements are more or less suppressed, and they give rise to severe pain on attempting them. The spontaneous pains are either absent, or but slight, yet there are points which are painful to pressure, of which two are fixed, one at the great trochanter, and the other externally, at the side of the obturator foramen.

The inguino-crural region is the seat of a tumor, of which the patient was entirely ignorant, and with regard to which she consequently cannot furnish us any information. This tumor is absolutely indolent, and is of the size of a large hen's egg. Above, it extends as far as Poupart's ligament without reaching beyond it, and below it reaches three or four fingers' breadth below this ligament. It is not sub-cutaneous, but sub-aponeurotic, and another thing that shows that it is deeply situated is that it pushes up the femoral artery, which is felt to pulsate superficially at its internal portion. Between the skin and the tumor there is a thick layer of fat, and besides a few glands are felt, which are seen to be slightly enlarged. I will add that this tumor is completely irreducible, wholly unmodified by straining or cough on the part of the patient, and that it presents obscure though undoubted fluctuation. Finally, I might remark that this patient is very emaciated, and her general health is not at all satisfactory, though nothing is to be discovered in her internal organs which would account for this. One might at once diagnose a tuberculous coxitis. Nevertheless we do not find in her case the painful points which are noticed in a case of coxitis of a tuberculous origin nor the flexion of the thigh upon the pelvis, the pain in the knee which is so characteristic of this affection, nor abduction of the limb. Besides, to clear up the matter we have anæsthetized her, and we have noticed that beyond the external rotation, all other movements are possible, and even the rotation outwards is possible, though, not to an extreme degree. Therefore, we can affirm that there is absolute or nearly absolute integrity of the coxo-femoral articulation.

In short, we have an inguinal tumor which is accompanied with a complex of symptoms which greatly resembles a coxitis. Let us by rapid examination try to make out the contents of this tumor. It may be first of all stated that it is liquid, on account of fluctuation and a trial puncture, of which I shall speak later. The tumor does not pulsate, and consequently has nothing in common

* A clinical lecture delivered at the Hôtel-Dieu, Paris, France. Translated from *La Semaine Medicale*, No. 63, 1895, by F. H. Pritchard, M. D., Weaver's Corners, O.

with aneurism of this region; it communicates in no manner with the abdominal cavity, which would eliminate both a burrowing psoas abscess and hernia. Possibly, you might say, it is either a cold abscess, a suppurating grandular tumor, or an abscess dependent upon disease of the bone. The supposition of an abscess of glandular origin appears improbable, as the tumor originates so deeply. Is it an abscess arising from the pelvic bones? I do not think so, as there is no spot sensitive to pressure there. There is, it must be admitted, a painful spot on the great trochanter, but I cannot find the least relation between it and the growth. I had thought at one time that it might be an abscess originating in a limited lesion of the neck of the femur, but I have rejected this view, on account of the complete absence of all lardaceous infiltration which surrounds abscesses of this nature. Hence, we can only have a serous cyst, which is either hernial, a glandular cyst, a hygroma of the psoas bursa or a hydatid cyst. A hernial cyst would require other commemorative signs which are absolutely lacking. As to glandular cysts, they are situated lower down, and they develop more slowly, whence the patient usually knows of the existence of the growth; besides these cysts with the nodular form and their superficial situation are quite different from the lesion whose nature we are trying to determine.

On account of the deep situation of the tumor and its diffuse form it can only be either a hygroma of the bursa of the psoas muscle or a hydatid cyst. I should be inclined to admit the possible presence of a hygroma of the bursa, which would correspond to this series of symptoms, if it were not for the absence of one characteristic sign, flexion of the thigh on the pelvis, which is completely lacking in this patient. As to a hydatid cyst, I had thought of that from the beginning, recollecting to have seen twenty years ago a woman of middle age who was admitted to the St. Antoine Hospital as affected with coxitis. In reality she was suffering from a spontaneous fracture of the neck of the femur, due to the development of a hydatid cyst, which I watched develop, and which necessitated a final disarticulation of the femur.

In order to gain certainty on this point we have made an aspiratory puncture, which gave issue to a serous liquid, tinged with blood, which M. Berdal has examined in vain for hooklets, which are sometimes observed even in hydatid cysts. M. Savoire has noticed the decidedly albuminous character of this liquid, which corresponds to the contents of these cysts when the hydatids are dead, but enough research has not been made to determine its exact nature. An operation only will clear up this doubt.

I had announced early in the lecture that I had intended to discuss the forms of pseudo-coxitis, and indeed you will frequently meet with a number of conditions where coxitis will be possibly thought to be present when the hip-joint is entirely healthy; this has happened to eminent surgeons. It is important that you be acquainted with these conditions. We shall divide them into two classes. The first comprises those where, as in our patient, the hip-joint is healthy, but where there is an appreciable lesion, more or less in the vicinity of the articulation. The second includes a form of psuedo-coxitis, still more interesting, in which not only is the joint intact, but there is no lesion in the more or less immediate neighborhood of the joint.

The members of the first group are by no means congruous. Most frequently they are inflammatory lesions of the bones, either those of the pelvis or of the upper portion of the femur, notably of the great trochanter. I well recall a young man where a very experienced clinician had diagnosticated a tuberculous coxitis, but where there was only an osteitis of the great trochanter; I operated on him, and he was restored to health. I also remember a child from Melbourne, Australia (the country of hydatid cysts), where all the physicians consulted had diagnosticated a tuberculous coxitis, contrary to the opinion of one of my old students, M. Crivelli, who thought the condition a simple epiphysiary osteitis of the upper end of the femur. I examined the patient, and confirmed his opinion of pseudo-coxitis. The child recovered without the least limping in its gait. What adds the more to the interest of this case is the fact that one or two years later, the child having suffered a fall while journeying through Europe, and, being at Lille, was shown to the best surgeons there, all of which made, without hesitation, the diagnosis of tuberculous coxitis, and desired to begin the usual treatment of that disease. The child recovered completely a few months later, and remained so; I was able to confirm the absolute integrity of the joint.

In other cases there will be a lesion of the serous bursæ in the neighborhood of the articulation. Thus in two cases I have seen direct infection and suppuration of the bursa of the glutæus maximus, which presented an exact clinical appearance of coxitis. These cases are not extremely rare, and I have called attention to them in a lecture on the periarthritic affections of the hip. I have also inspired one thesis, where one will find a number of cases of suppuration of the glutæus maximus offering the clinical picture of true tuberculous coxitis. The same might hold good for inflammation of the serous bursa of the psoas muscle, and possibly our patient presents an example.

Finally, let me recall to you that neoplasms, either when situated in the pelvis or the upper end of the femur, may give rise to a set of symptoms that resemble coxitis. These periarthritic states bring about reflex contraction, especially of the muscles attached to the pelvis and trochanters, whence originate the vicious attitudes of the limb that simulate coxitis.

How will you diagnose these affections? Most frequently you will be struck by the absence of this or that symptom or sign which is present in coxitis; thus, for example, you find in our patient, neither abduction, flexion of the thigh upon the pelvis, nor the saddle-backed appearance of the lumbar region; or you will notice contradictory symptoms or signs not usually associated with coxitis, and it is, indeed, the attentive study of the minor details, which a careful examination

of your patient will reveal, and permit you thus to avoid an error of diagnosis.

Then there is also the second class of cases, of which I made mention, and where certain signs are of the greatest importance in making a diagnosis. If you have any doubt, anæsthetize your patient, and, with the muscular relaxation thus obtained, you will be able to move the joint in all directions if it be intact. I shall state nothing with regard to the prognosis of these varieties of pseudo-coxitis, for that will depend on the disease simulating them. Treat this affection, and the dependent symptoms will disappear.

In the second class of cases, though they resemble a coxitis, you will be able to find no material lesion, either in the articulation itself or its neighborhood.

To Brodie especially is due the credit of having called our attention, in 1837, to this class of cases, which disease he described under the name spasmodic coxitis or articular neuralgia; these terms have been generally replaced by that of hysteric coxitis. Verneuil and Charcot have studied this subject very completely.

You will meet with this affection chiefly in women, though a few cases have been described in men. It may be noticed at all ages, yet it is most frequently observed in youth, and especially at puberty. Most often the disease sets in suddenly, from an insignificant cause, and perhaps in a female who has nervous antecedents and even presents all the characteristics of confirmed hysteria. In certain cases it begins from a slight trauma or an inconsiderable sprain, and in some cases it may be imitated, and possibly you will come across in the literature the case of Sir James Paget, where a young girl was affected with hysteric coxitis from being together with her brother, who was suffering from a true tuberculous coxitis. The principal symptoms of hysteric coxitis are: The pain, the muscular contractures and the consequent vicious position of the limb.

The pains are sometimes similar to those observed in true tuberculous coxitis. The patient may experience spontaneous pain in the hip as well as simultaneously in the knee, as in tuberculous coxitis; but, in the meantime, you will notice that the pains have no fixed seat, and that the patient will now complain of them anteriorly and then posteriorly. Very frequently one will notice hyperæsthesia of the skin, which may bring about a nervous attack from mere stroking of the skin. The painfulness to pressure also exhibits certain pecularities. In tuberculous coxitis the pain is more deep rather than superficial, and the reverse is true in the hysteric form, where, as Brodie has pointed out, a pinch of the skin may give rise to greater pain than deep pressure. In both varieties the contractures give rise to the same vicious attitudes of the body, and there is the inclination of the pelvis, as well as the lumbar lordosis. It is indeed true that in the tuberculous form one will notice most frequently flexion, abduction and external rotation, while with the hysteric variety one will meet with flexion, abduction and rotation inward. Yet this would not constitute a differential diagnostic symptom, for both positions may be present in both diseases. In the hysteric variety the resistance of the contractures is remarkable, while in the tuberculous form you will, by a certain amount of time and patience, succeed in overcoming slightly the resistance and moving the joint somewhat. This never is possible in the hysteric form. In this latter disease the gait presents certain characteristics. If one have the patient lifted out of bed she will of course retain the contracture of her thigh, but will suffer no pain, and walking will be possible by hopping, and by bracing herself upon the furniture. Try to do the same in tuberculous coxitis, and at the slightest movement the patient will experience sharp pain; and refuse to get out of bed. This is, therefore, a very important sign, and one upon which one cannot emphasize enough. Except in rare cases, by these means you will be able to diagnose the hysteric variety, by carefully examining your patient. You will recollect the manner of the beginning of the disease, generally sudden; the attitude, which places the lower limb in flexion, abduction and internal rotation; the variability of the seat of the pains, which are besides superficial, while in true tuberculous coxitis they are deep and fixed, and perceptible at parts of the joint which are especially accessible to exploration; *i. e.*, anteriorly, immediately external to the pulsations of the femoral artery, the posteriorly, behind the great trochanter, and finally in the articulation itself, by pushing the head of the bone into the cotyloid cavity, either by striking the great trochanter or by pressing upon the knee. I will add that in hysteric coxitis, even if it has persisted for a long time, you will rarely observe that degree of muscular atrophy which is one of the most important signs of tuberculous arthritis. The general symptoms, and above all the fever, will be lacking, which is often observed in tuberculous coxitis. But, if in spite of all these distinguishing symptoms you are still in doubt, then anæsthetize your patient and see if the articulation itself is intact. The method of the reappearanee of the pain after return to consciousness, is characteristic. As Charcot has shown in the tuberculous variety, the muscular sensitiveness will first be apparent, while in the hysteric form the skin will become sensitive before the deeper parts.

As to prognosis in hysteric coxitis, the outlook, with very rare exceptions, is good, for it is a benign affection, and sometimes a restoration to health may suddenly be noticed. In other cases a cure is only obtained after months or even years. Do not forget that this is a disease subject to recurrence, where, under the influence of an emotion, the same condition may reappear as before recovery. In other cases, from aggravation of the contracture and relaxation of the ligaments, a spontaneous dislocation may occur without the slightest particle of fungous granulations in the joint. But do such patients as these latter really have hysteria?

From the observation of two such patients I am inclined to regard them as dependent upon spinal affections.

What is the treatment of hysteric coxitis? All methods of treatment, from the most active to the most empiric, have been tried, and, indeed, sudden recoveries have been seen after all treatment has been given up. Hence Charcot has set forth this doctrine: The disease is to be left to itself as to surgical measures, and treatment limited to the bromides, sedatives, and especially measures which appeal to the imagination of the patient. Thus one may apply a magnet locally, pass a simple seton under the skin, or, finally, employ suggestion.

In a general way I hold to the view of Charcot, and I think that all violent measures are to be excluded, as energetic revulsives, continued extension and apparatuses, yet, where the vicious position of the thigh is such that secondary joint alterations are liable to set in one might risk crippling the patient, though the coxitis later be cured. I can cite you a typical example of a young girl, where the position of the thigh was such that her genital organs could not be kept clean. In this case I could not hold to Charcot's view, but insisted upon the necessity of anæsthetizing and overcoming the contracture. It was well that I did so, for, in attempting to overcome the contractures, I had to use considerable force, and I felt the tissues give way as in an old luxation. Without the correction of this deformity, this young girl, who a few months later suddenly was completely restored to full function of the joint, would have remained crippled, though her disease was cured. Hence, at the beginning, where the deformity is slight, such treatment is not required; but later it should be corrected, and the limb put into a splint for a time, but not for too long a time, for it would be better to allow the contracture to reoccur and to have recourse to chloroform again, than to treat a hysteric coxitis by prolonged immobilization.

Nephritis of Pregnancy.—Gossmann (*Med. Wock.*, No. 26, 1895), does not find that this disease necessarily ends in chronic nephritis. He saw it recur in one patient during eight pregnancies, but she was still free from kidney symptoms when not pregnant. He finds that induction of labor by means of vaginal douches is perfectly simple, and in two cases this means alone proved sufficient. In one of them the child was saved and reared.

Quantitative Estimation of Sugar in Urine.—M. Cregny describes a simple method for determining approximately the quantity of sugar in diabetic urine, which he suggests would be a convenience to practitioners residing in remote districts, where the necessary chemical appliances for analysis are not always available. The following is the *modus operandi*, which is a simplification of M. Duhomme's process: 2 c. c. each of soda solution, sp. gr. 1.330, and Fehling's solution are poured into a burette and the urine to be examined is added drop by drop, care being taken to heat the solution after each additional drop, and to stop the moment that the blue coloration has disappeared. The amount of sugar present is calculated according to a prepared chart, by the number of drops required to produce reduction of the reagent. The tabulation is as follows: Four drops of urine, reducing 2 c. c. of Fehling's solution, represents 50 grammes of sugar per liter; 8 drops of urine, reducing 2 c. c. of Fehling's solution, represents 25 grammes of sugar per litre; 10 drops of urine, reducing 2 c. c. of Fehling's solution, represents 20 grammes of sugar per litre, etc.

NEW INSTRUMENTS—"URETHRAL DILATORS."

By Bukk G. Carleton, M.D.
Genito-Urinary Surgeon to the Metropolitan Hospital, Blackwell's Island, New York City.

In the cut *a* represents the *straight* instrument closed. It is adapted to the treatment of strictured conditions of the pendulous portion of the urethra when gradual dilatation is indicated; *b* is the curved instrument for the bulbous and membranous portions of the urethra; *c* the open instrument, which is easily and evenly dilated by the turning of the handle of the instrument. The degree of dilation in milimetres or fraction of a milimetre from twenty to thirty-five is accurately indicated on the dial; *d* represents a cross section of the closed instrument. It is oval in contour, with its greatest diameter transverse, so as to correspond with the conformation of the normal urethra, which is a collapsed canal, whose roof and floor are in opposition. The edges are rounded, so, when properly used, there is no more danger of injury to, or rupture of the urethral wall, than there is in the introduction of the selected urethral sound. The inner edges are also rounded, to prevent the entanglement of the urethral mucous membrane in closing the instrument previous to removal.

The instrument has been very successfully used for some time past in the practice of the inventor, and its advantages are manifold.

First: Only one instrument is required to give any degree of dilatation, the exact amount being indicated by the dial. The dilatation is more gradual than is possible with any sound, fractions of millimetres being added as necessitated by conditions present.

Second: As only one instrument is used during the entire treatment, there is less danger of the introduction of germs, etc., into the urethra.

Third: Its construction allows of its introduction into urethral canals, where pathological symptoms and the Otis urethrometer have demonstrated a strictured condition to be present, accompanied by a narrowed meatus, making possible the dilatation and restoration of the urethra to its normal condition without a meatotomy, where incision has frequently been made very large to admit of proper dilatation by the ordinary sounds in the treatment of this class of strictures.

Fourth: It is easily cleaned and made aseptic.

Fifth: It can be adapted so as to take the place of a large number and varieties of urethral sounds.

Sixth: Its strength and construction permits of its use as a divulsor.

The same care should of course govern its use as is indicated in dilatation of the urethra by the various urethral sounds.

Adenoid Growths in Children.—Eustace Smith says: (*Lancet*, May 25, 1895) Naso-pharyngeal adenoid growths are common in infancy as well as in childhood. They may even be present at birth. At this early age it is uncommon for them to give rise to the ordinary symptoms of nasal obstructions. Such growths should always be suspected if the infant's nose be broad at the bridge and faintly dimpled on each side at the upper border of the inferior lateral cartilage, and especially if there be noticed any retraction in the inferior region of the thorax. Persistent snuffling in infants is no sign of syphillis in the absence of other symptoms, but rather of adenoids.

Technique of Albumin Testing.*—1. Filter the freshly voided urine. It is important that the urine be freshly voided, because in all stale urine what seems to be a trace of albumin can be found by the tes I shall now describe. It is important to filter the urine since, by filtration, sedimentary matters, interfering with the test, are removed. Moreover, it is said that in certain urines the reaction due to mucin may mislead in unfiltered urine.

In order to filter the urine, fold three small, white cut filter papers twice, the second time at right angles to the first. Insert the papers into a small glass funnel, set the tube of the funnel into a tall *narrow* test-tube, and pour the urine into the funnel-shaped pouch made by the filters. [I advise use of three papers rather than one, because in my experience nearly all freshly voided urine filters clear through three thicknesses of paper. More are not advisable, because of danger of traces of vegetable albumin.]

The urine filters slowly through into the test-tube and is *clear*. Let it fill the tube *three fourths full* Wipe off the inside of the tube with a rag until it is entirely clean and bright. Hold the tube up to the light and see that both tube and urine are entirely clear and transparent.

2. Boil the upper stratum of the urine in an alcohol lamp-flame. This is done by holding the tube *by the closed end* with the thumb and forefinger of the right hand, inclining it over the flame in such a way that the latter heats the urine about half an inch from the surface of the liquid. Use an alcohol flame so as not to crack the tube by too great heat. Do not let the flame at any time touch the tube above the surface of the liquid. Nearly all beginners fail to observe this precaution, with the result that the tube is decapitated, so to speak, loses the upper quarter as neatly as if chopped off.

Boil *thoroughly* thirty secends, removing from flame whenever the urine threatens to boil over, but do not boil the lower half of the urine at all.

3. Add three to six drops of 20 per cent. acetic acid to the boiling urine. Shake to and fro gently until acid and upper stratum of urine have thoroughly mixed; then boil again for say thirty seconds.

4. Hold the tube against a dark background, as the coat sleeve, or better still, hold it below a window sill of a north window, or any window where there is no direct sunlight.

A. If albumin is present the upper heated acidulated quarter, or possibly third, is now distinctly turbid as compared with the lower, cool, remaining portion of the urine. If *much* albumin is present, the whole upper third or half of the urine is milky and flocks soon begin to fall. If only a *moderate amount* of albumin is present the upper quarter or third is cloudy. If there is a distinct turbidity which cannot be seen when the tube is held *up* to the light, we call it a *plain trace.* If there is an indistinct turbidity of the same character, requiring careful adjustment of eye and background, in order to see it, we call it *a trace.* If the turbidity is faint, and only seen with great difficulty, we call it a *faint* or *doubtful trace.* Such faint traces may possibly be due to mucin and not to albumin at all. They may be observed in the urine of nearly all women. [Women who have leucorrhœa are nearly always found to have anywhere from a faint to a plain trace of albumin in their urine. In such cases a vaginal tampon should be used, before the urine is avoided for examination, or a cleansing vaginal injection taken.]

B. If no albumin be present in the urine, nothing will be seen, the upper heated acidulated portion of the urine resembling the lower in appearance.

C. If the urine be of deficient acidity, it will become cloudy when heated, owing to precipitation of *earthly phosphates.* (See October and November *Current.*) The addition of six drops of the acetic acid and gentle to and fro shaking will usually dissolve the phosphatic cloudiness, and the urine becomes *nearly* clear in cases when albumin is absent, but *more cloudy still* if albumin is present.

Now, then, in nearly all cases when the acetic acid apparently dissolves the phosphatic cloud, careful observation will show a faint haze to remain. If this haze is really faint, and is not appreciably increased by further heating, I usually assume albumin to be absent. At any rate, adding acetic acid first to such urines, before boiling, and thus preventing the phosphatic cloudiness from forming, usually prevents any haze from appearing and this order of testing may be followed out in doubtful cases. Why not, then, it is asked, always add the acetic acid *first* to the urine before boiling? It is possible that there is no real objection to this order of procedure, but the statement has been made that when albumin is present in small quantities in acid urine, acidifying still further makes the albumin soluble when the urine is boiled, so that there would always be need to take the reaction beforehand, and to use judgment as to the amount of acid to be added, and so on. I have not investigated this question sufficiently to know the real merits of the case, but I have tested 3,000 samples of urine, according to my method above described, adding the acetic acid *after* boiling, and very seldom have found it necessary to repeat the operation and to add the acid first. I think it was Ultzmann of Vienna who preferred to add the acid after boiling.

If now, after boiling, a cloudiness appears, which, however, apparently disappears when acetic acid is added, but if after further boiling a cloudiness in the upper portion is now again plainly seen, a plain trace of albumin is present, which was not seen at first, owing to the phosphatic cloudiness, and may not in the end be as noticeable as was the phosphatic cloudiness. Do not mistake a ring shaped coagulum of phosphates remaining half way down the tube for albumin. This merely means that the acetic acid has not yet reached the lowest stratum of phosphatic cloudiness. The coagulum of albumin is to be seen in the *upper* part of the tube, always when it is present.

Lastly, in strongly alkaline urine, which forms when the acetic acid is added, be not sparing of acid, for the albumin in it is alkali-albuminum, and will not be fully coagulated by heat until the alkalinity is overcome by the acid. In such cases, which are not very common, if *freshly voided urine* is tested, add acetic acid, drop by drop, and take reaction of the upper quarter with blue litmus paper, continuing to add acid until the blue slip is turned bright red, then boil again.

For adding the acetic acid a medicine dropper is useful. Three drops may be added to urines which do not become turbid on boiling, but five or six will be necessary in cases where a cloud appears with heat alone.

The object of adding acetic acid is two-fold; first, to dissolve any phosphatic cloudiness; second, to convert alkali-albumin into albumin coagulable by heat.

The advantages of acetic acid over nitric acid are twofold; first, the acid is neither dangerous nor corrosive; second, it does not act on the coloring matter of the urine as does nitric acid. Plain traces of albumin shown by the heat and acetic acid test appear as faint or doubtful traces when the heat and nitric acid test is used.

* Dr. Clifford Mitchell, *Medical Current.*

Incipient Cataract.—Of extremely great practical value is the suggestion made by Dr. A. R. Barker, of Cleveland, in the *Journal of the American Medical Association* (October 18th), that incipient cataract is not infrequently a local manifestation of a general condition, and that if this condition be looked for, found and appropriately treated, the cataract may, in many cases, be held in check. In conclusion, Dr. Barker suggests that in all cases of incipient cataract: 1. The urine should be examined chemically and microscopically; 2. The general health should be carefully interrogated; 3. All errors of refraction should be corrected; 4. A careful examination of the fundus oculi should be made; 5. That the patient receive such general and local treatment as may be suggested by the above inquiries; 6. That a few carefully reported histories of cases from incipiency to maturity would be of more value than statistics of hundreds of successful operations; 7. That if operative interference becomes necessary, it should be instituted at the earliest possible moment, before the general health becomes impaired, preferably by Knapp's method of peripheral capsulotomy, with an iridectomy, either at the time of the operation or some time previously.

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EVERY SUBSTANCE WHICH, IN LARGE DOSES, ABOLISHES THE PROPERTY OF AN ORGANIC ELEMENT, STIMULATES IT IF GIVEN IN SMALL DOSES.

—*Claude Bernard.*

THE UNIVERSAL ETHER.

"I HAVE long held an opinion," said Faraday, "amounting to a conviction; in common, I believe, with many other lovers of natural knowledge, that the various forms under which the forces of Nature are manifest *have one common origin;* or, in other words, are so directly related and naturally dependent that they are convertible, as it were, into one another, and possess equivalents of power in their action."

It has been thought by many of our modern savants that electricity gives us the key-note which may yet open the door to the arcanum in the evolution of planetary life. In this connection the studies of M. de Narkiwicz-Iodko, Member of the Imperial Institute of Medicine at St. Petersburg, are full of interest. This learned gentleman recently brought to the attention of the Academy of Science, in Paris, a series of photographs he had taken of the electric spark. When we consider that the mean intensity of the electric spark lasts 0.000,000,868th part of a second, the difficulty of leaving the impression on the sensitive photographic plate is obvious. These plates were doubly interesting, as showing the profound connection between electricity and the human organism.

Considering electricity as a vital primal force, from which all the others proceed by the successive transformations of Nature, M. de Narkiwicz thinks that man, product of that nature, and plunged within that atmosphere charged with electricity, ought to imbibe the unknown force which has caused him to live. He sees in man a mutable electric pile, which remains in contact with the middle ambient, through the constant exchange of electric fluid, called by him the vital principle. The French savants, to whom this series of photographs have been presented, are examining still further the wonderful results of M. de Narkiwicz's marvelous skill in photographing magnetic sparks obtained by him from the surface of the human body. These proofs take the form of a luminous ball, presenting more or less brilliancy, taking on delicate forms of arborescence, such as trees, plants, etc., according as to whether the subject may be anæmic, nervous, sanguine, or exceptionally vigorous. In the latter case the image on the plate appears to be a veritable explosion of electric molecules.

It is only a few years back since the late Prof. Tyndal ushered us into a new world, peopled with the most gorgeous airy shapes, phenomena of the most ravishing beauty. The vapors of certain volatile liquids, nitrates, iodides and acids are subjected to the action of concentrated sunlight or to the concentrated beam of the electric light, in as experimental tube lying horizontally, in such a manner that the axis of the tube and that of the parallel beams of light are coincident. The vapor forms clouds of gorgeous tints, arranging themselves into the shapes of cones, shells, tulips, roses, sunflowers, leaves, etc. In one case, he says, the cloud bud grew rapidly into a serpent's head; a mouth was formed, and from the cloud, a cord of clouds resembling a tongue was discharged. Once it assumed the form of a fish, with eyes, gills and jaws. The twoness of the animal form was displayed throughout, and no disk, coil or speck existed on one side that did not appear on the other. Strange as it may seem, the tracing by our scientists of the evolution of that subtle principle which they have baptized as the Universal Ether formed in part the teaching of the Vedas thousands of years before the Christian era, and which are now being revived in the successive steps in the investigations of modern thought.

ELECTROLYSIS FOR THE TREATMENT OF STRICTURES.

DR. I. A. FORD, Professor of Anatomy in Ecole Pratique, Paris, read before the section in Genito-Urinary Surgery, New York Academy of Medicine, Nov. 12, 1895, an interesting paper

illustrated with cases, on a new instrument he had recently devised, called the electrolyser, he said:

It is a well known fact that electrolysis has been discarded on account of the imperfect instruments which were used. My electrolyser has all the advantages of the urethrotome and none of its inconveniences. It looks like a small whip, of which the handle contains a metallic wire projecting from the end which connects with the flexible part. This instrument, being first introduced into the urethra, is connected with the negative pole of a continuous current battery, and the positive pole is connected near the affected part, on the front of the thigh or over the pubes; then the current is turned on.

The operation, which is almost painless, requires thirty seconds (on an average), with a current of a strength of at least ten milliamperes, as indicated by means of a galvanometer. The electrolyser remains perfectly cool during the operation. In nearly all cases there is no bleeding, or but very little. The urethra is made aseptic before and after the operation, in order to prevent fever. I never allow a sound to remain permanently in the urethra for any length of time after the operation.

Usually the wound resulting from electrolysis heals quickly without any local treatment whatever, and often the patient can attend to business immediately after the operation. In nearly all cases I pass a sound the third day after the operation, also the day after. I instruct the patient to pass a sound, No. 22 or No. 24 F., every month and every other month.

With the urethrotome, which cuts blindly, the surgeon cannot ascertain the degree of density of the tissue of a stricture. On the contrary, by means of electrolysis, which merely produces a molecular destruction of the stricture, although the instrument remains cool, I have been able to demonstrate that there are two classes of strictures—"soft and hard." Hard strictures are in the proportion of one against five soft ones.

The time required to perform the operation varies with the density of the stricture. Some strictures are so hard that they cannot be successfully operated upon by electrolysis.

If my American colleagues who are familiar with the French language are willing to refer to one of my books entitled "Traitement des rètrecissements par l'elèctrolysis linèaire" (this book can be procured at the library of the Academy of Medicine), they may find it quite interesting, as it will enable them to understand the improvements which have gradually been introduced in the applications of electrolysis to surgery during the last fifteen years. They will also understand how I have applied electrolysis to the treatment of strictures of the urethra, uterus, rectum, and œsophagus.

Up to date, I have performed in Europe 135 operations on strictures of the œsophagus (recorded in my book), and with the exception of those which were caused by malignant growths of the wall of the œsophagus all recovered.

EXPECTORATION.

THE old Yale student will recall the bitter invectives of the elder Prof. Silliman against the filthy habit of expectorating upon the floor. A man who would be guilty of so filthy an act was a hog, and his lecture-room was no place for him. He preferred lecturing to gentlemen. This was before the days of antisepsis, and was based upon the disgust of a gentleman at the filthy habit of throwing the excretions of the body upon the floor, to be pulverized into dust and inhaled through the air into the living body. To the bacteriologist of the present day this violation of the law of cleanliness is something more than a filthy habit; it is an offence against health amounting to an unwritten crime. The fact has been demonstrated that the expectoration may be filled with germs which, pulverized into dust, may be inhaled into the lungs, planting in the healthy body the seeds of disease and death. Suddenly a malignant disease breaks out in the family, and extends from one member to another and from one neighbor to another. There has been no exposure, no apparent violation of the laws of health. How does it suddenly appear in the home so carefully guarded? The dress of the mother or the sister, as it sweeps the sidewalk or the floor of the stage or car, has probably gathered into its folds the poison germ from diseased bodies, to be distributed in the home, to ripen in a harvest of suffering and death. We are glad that the bacteriologists connected with the boards of health of this and other cities are calling attention of the public to the damage to the public health from this source of pollution. Would it be too much to ask that the pulpit bring the aid of its powerful influence to its repertory of sins to be avoided, this offence against decency and health? The question, so easily settled by force of public opinion, would be exceedingly difficult to handle by process of law, other than that inherent law of Christianity, to avoid at all time and in every place doing evil.

LEPROSY.

THE serum treatment now extensively employed, and with marked success, in various diseases, is constantly extending its curative sphere of action. Its latest triumphs come to us from the report of Dr. Carasquilla, of the Republic of Colombia, who was the first to employ and introduce to the attention of the profession an anti-leprous serum, with which he has been comparatively successful in those forms of leprosy hitherto considered incurable. After giving in detail several cases of tubercular leprosy of more or less severity, which yielded to treatment within a month, he gives a picture of the action of the remedy as shown in the successive stages of the cure. The disappearance of the œdema, the flattening and softening of the tubercles, the healing of the ulcers, and the return of a healthy appetite, form, as given by the author, a vivid picture of the triumphs of the serum over the disease. Dr. Carasquilla promises in a short time to give to the profession his manner of preparing and using the anti-leprous serum, which we shall give to the profession as soon as it reaches us. In this connection it may not be out of place to state that the first experiments with the serum therapy were made by Dr. J. Robie Wood, formerly a member of the Medical Board of the Metropolitan Hospital, many of which were made while in connection with that service. We hope to persuade Dr. Wood to give the result of his experiments in the TIMES.

INSOLUBLE DRAGEES.

THE pharmacist is usually very careful in his manipulation of pills and compressed tablets that the compression is not so great but what it can be broken up in the stomach or the coating of sugar or gelatine of such a character that it will readily be dissolved when subjected to the gastric juice. We have known cases where the sugar coated pills have passed through the intestinal canal unaltered. The *Pharmaceal Journal* mentions a case where the intestinal canal was so impacted with tablets as to render an operation necessary. A patient had been taking under the advice of a physician salol tablets for some time before it was apparent intestinal obstruction existed of so grave a character as to require an operation, when it was found the intestine in the region of the cæcum was packed with the salol tablets unabsorbed.

The *Journal* says, in commenting upon the case, that the more freely comminuted and loosely packed an insoluble or difficult soluble remedy, the easier it is absorbed by the system, and consequently substances like salol should never be given in tablet form.

THERE is no doubt that a man has a right to conduct his business in his own way, and on the other hand, the profession has the same right to an opinion as to propriety.

This subject is brought to our attention at this time by a discussion which is being carried on regarding the conduct of certain manufacturers in appealing to the public for the sale of their products.

It is well-known that certain houses have used the profession to introduce their goods, and after getting this endorsement, have gone to the public direct, through various means of advertising.

It is not strange that the profession should withdraw its support under these circumstances, and recommend preparations that are not hawked to the public.

Physicians are naturally jealous of their prerogative, and it is fair to presume that they are better judges as to the individualization of drugs and foods than those who have given little study to the subject, to say nothing of their fitness for such efforts. The unprejudiced physician would doubtless make a wiser selection of these means than the one who is to benefit by their sale.

The public will sooner or later become aware of these facts, and the decision will be in favor of the profession.

No progressive physician will refuse to examine into the merits of any new preparation, and, as a rule, can be depended upon to do justice both to the vender and to the public.

Testimonials, from whatever source, are of questionable value, as they are obtained too generally upon little knowledge, and less real experience, and may be purely imaginative. They are often simply fictitious, and intended only to boom a product from impure motives.

It is natural for an inventor or a discoverer to wax enthusiastic over his new boon, sometimes honestly, and sometimes because there is bread and butter in it.

The last decade has experienced a host of these cure-alls, and each has attempted to pursuade or to bully the profession into endorsing them. Failing in this, an appeal has been taken to the public, in some cases, we are sorry to say, with apparent success.

The members of the profession cannot be too careful as to how they endorse new articles which may become nostrums.

Pure, decent, honest ethics demand that we should be most careful as medical men, in lending our influence to the doubtful or unclean.

As guardians of public health, we should go slowly in these matters, no matter how high the source.

Koch's method, Brown-Sequard's animal extracts, antitoxines and hosts of other means have been tried, and found to be far from what was expected of them. Rarely does an agent meet expectations as has the wonderful cocaine, for instance, but such instances encourage us to go on trying all things, and holding fast to that which proves to be good.

A ROYAL M. D.—The Queen of Portugal, the daughter of the late Comte de Paris, after two years of hard study has passed her medical examination with flying colors, and secured the degree of Doctor of Medicine, being the first lady of royal birth who has acquired the distinction of adding the letters M. D. to the Regina which follows her name.

Queen Marie Amelie's taste for this particular branch of science may be said to date from the time of the discovery of the serum of diphtheria. Portugal is a country that suffers probably more than any other in Europe from this frightful scourge, the lack of cleanliness of the people, as well as their indifference to even the most elementary rules of sanitation, contributing in a great degree to the ravages that it commits. On hearing of the serum she at one took steps to have it introduced into her adopted country, but encountered the greatest opposition, not only among the people themselves, but also on the part of the medical profession at Lisbon. Once convinced of its efficacy, however, she set to work to remove the disfavor with which it was regarded. She surrendered her riding school, as well as a number of her horses, to those intrusted with the production of the remedy, and then, with the object of removing all popular apprehension as to the alleged dangerous character of its effects, caused herself to be publicly innoculated therewith. Needless to add that the operation in no way impaired her health, while it has since enabled her to visit the diphtheria wards of the metropolitan hospitals, and to assist in the nursing and medical care of the patients, without the slightest danger of contagion.

Her Most Faithful Majesty might have remained content therewith had it not been for the health of her husband, Dom Carlos. The latter, in spite of his merry, fat face and jovial demeanor, is far from possessing a strong constitution. He suffers from excessive obesity, and during the last year or eighteen months his corpulence has increased to such a rate as to seriously alarm his regular physicians and relatives. Specialists were called in, and for a time he was subjected to a severe regimen. Finding that it had no appreciable effect in diminishing his girth, he cast dietary and medicinal regulations to the winds, and declared that he would no longer submit thereto. Thereupon his wife announced that she would undertake the treatment of his case, and it was with the object of being properly qualified to do so that she set to work to go through the course of study needed to enable her to fulfill the duties of a physician.

INSOMNIA.—The attention of the weary, restless watcher, through the long hours of the night courting in vain the soothing influence of sleep, is being attracted to a new remedy more potent than narcotics or hypnotics, and followed by no unpleasant after effects. That remedy is the bicycle, which is doing for the tired brain and the restless spirit and the sluggish circulation what drugs or any other form of exercise often fail to accomplish. A spin on the bicycle in the evening or the afternoon will do more to promote digestion, regulate the circulation, quiet the brain, and get the whole system into that harmonious condition called health than any amount of drugs, unless there should be some positive lesion requiring local or general medication of a more specific character. A look into the annual cycle show in the Madison Square Garden, where every day from fifteen to twenty thousand people inspected the vast array of wheels, gives some idea of the tremendous hold this comparatively new means of locomotion has taken upon the public. We notice an improvement each year—this year's wheel being constructed on principles calculated to give greater strength and beauty than its predecessors. More improvements have been made on the ladies' wheels than on the men's, and yet much is required to make the ladies' saddle all that is needed. To this feature we suggest the special attention of inventors be addressed in the near future.

NEW JOURNALS.—*The Journal of Experimental Medicine* will be under the editorial care of Dr. William H. Welch, Professor of Pathology in the Johns Hopkins University, who will be assisted by a board of twelve associate editors. The ability of the editor gives promise of a journal of marked scientific interest. The

State Hospitals' Bulletin will be edited by a staff of hospital superintendents, the editorial committee the first year being Drs. P. M. Wise, C. W. Pilgrim and S. H. Talcott. The journal will be devoted to reports of clinical and pathological work in the New York State Hospitals for the Insane and the laboratories connected with them. A journal of this kind has long been needed as a stimulant to thought and a record of careful observation in a line of study which is every year exacting more attention. Both of these journals can hardly fail to be valuable acquisitions to the medical periodical literature of the day.

EXALGINE.—It is claimed that this new preparation is an ideal analgesic, specially indicated in pain of a functional nature, and not dependent on mechanical causes or organic lesions. A febrile condition contra-indicates the drug, which should only be given in cases in which elevation of temperature is not a marked symptom. In megrain, facial neuralgia, sciatica, intercostal neuralgia, and in all cases where pain is a prominent feature, without elevation of temperature, the remedy is coming into active use. It may be given in tablets, wafers or cordial, in doses from a half to two grains every two or three hours.

IN the December issue of the *American Homœopath* we read an obituary of the *Pacific Coast Journal*, written in Dr. Kraft's most brilliant style. In looking over our exchanges the other day we found No. 1 of the new year of the reputed defunct journal as bright as ever. We involuntarily exclaimed such a lively corpse could never be found outside of California. "On the cold cheeks of death smiles and roses are blended, and beauty immortal awakes from the tomb," We congratulate the profession in the reincarnation of the California journal.

HARVARD UNIVERSITY MEDICAL School announces that on and after June 1901, candidates for admission to the medical departments must present a degree in arts, literature, philosophy, science or medicine, from a recognized college or scientific school * * * Also satisfactory proof of a course in theoretical and descriptive (inorganic) chemistry and qualitative analysis. Thus "Old Harvard" places itself beside Johns Hopkins and its requirements for admission. The step is not premature, and the other colleges of standing must follow this example, the sooner the better.

PEDRIATICS.—With the January issue the *Archives of Pedriatics* passes into the hands of Mr. E. B. Treat, the well-known medical book publisher. With an increase of 20 per cent. in text, entirely new type, increased business energy, the journal, which has always been a favorite with the profession, will extend its field of usefulness to a vastly increased clientele. We wish it the success it so richly deserves in a specialty which is every year increasing in importance.

ALCOHOL.—According to the report of the Surgeon-General, alcoholism is on the decrease in the army. In 1890 no less than seventeen posts had more than 10 per cent. of their average number under medical care for drunkenness; in 1891 eleven posts; in 1892 ten; in 1893 seven, and in 1894 four. What is true of the army may be said in almost every department of life. Inquiries at several of the most fashionable bars in the city have revealed the fact that not one-quarter of mixed drinks are prepared that there was five years ago. The use of narcotics and hypnotics is markedly on the increase, and may be doing more harm than the former excessive use of alcohol.

THE *Medical News* of Philadelphia has removed to this city, with Dr. J. Riddle Goffe as editor.

Lea Brothers & Co., the well-known house, still continue as publishers.

While this announcement seems ominous, the publishers say that it has not been done without careful consideration.

We are glad to welcome the *News* as one of the ablest of our contemporaries, and with its change of base and its new editor, we have no doubt it will continue to rank as it has in the past, as one of the first.

The publishers leave us to conjecture why they were "irresistibly drawn to New York," but we will accept the compliment at any rate.

HONOR AMONG BOYS.—As a mark of distinction boys in the upper forms at Harrow wear tail coats. When Dr. Vaughan was master he caught a boy, whom he discovered out of bounds, by one of these tails, though the fellow managed to break away, leaving the tail in the master's possession. The next day Dr. Vaughan expected to find the discovery of the culprit an exceedingly easy matter, and was very much surprised when he discovered that, unlike the foxes in the fable, all the boys in the form had cut off their tails in the same way.

BIBLIOGRAPHICAL.

DR. KING'S MEDICAL PRESCRIPTIONS. Containing the favorite formulas of the most eminent medical authorities, collected from their published writings. By John H. King, M. D. Second edition; New York: Bailey & Fairchild Company, 1896; pp. 346, octavo.

This little book is just what its title indicates, and will be found very suggestive in the writing of prescriptions.

HINTS AND SUGGESTIONS AS AIDS IN THE CARE AND PRESERVATION OF THE TEETH, AND THE RELATION OF THE DENTAL ORGANS TO OUR HEALTH. By Chas. G. Pease, M.D., D.D.S., Professor of Oral Surgery in the Metropolitan Post-Graduate School of Medicine, etc., etc. Published for the benefit of the laity. New York: Boericke, Runyon & Ernesty, 1895.

An interesting and useful little book for the purpose indicated.

ELEVENTH ANNUAL REPORT OF THE N. Y. POST-GRADUATE HOSPITAL.

The work of this excellent institution for the past year shows 1,735 patients treated in the house, 19,227 in the out-service, with 87,706 visits, and 493 patients have been attended in their homes. Strict means are employed to prevent any but the poor from being treated. During the year 550 practitioners of medicine have attended the sessions of the Medical School, where every facility is afforded for practical study with the ablest teachers.

THE January issue of the *Century Magazine* is unusually rich in literary historical biographical and scientific matter. Mariner, Craw Jock, is at his best in his "Day-dream in Rome," and the "Antarctic Continent," by the first white man to set foot on this land, in its graphic narrative of thrilling incidents far exceeds any work of fiction. Prof. Sloane's "Life, of Napoleon" and "Sir George Tussady," by Mrs. Humphrey Ward, are of course among the most attractive features of the magazine.

P. BLAKISTON, SON & CO., of Philadelphia, announce a book on "Appendicitis," by John B. Deaver, M.D., Assistant Professor of Applied Anatomy, University of Pennsylvania; Assistant Surgeon to the German Hospital, etc. The book will be arranged in a practical and systematic manner. The history, etiology, symptoms, diagnosis, operative treatment, prognosis, and complications of this disease will be given in the order named. It will contain about forty illustrations of methods of procedure in operating, and typical pathological conditions of the appendix, the latter being printed in colors.

THERAPEUTICS OF SURGERY AND CHILDHOOD. By A. Jacobi, M.D, Philadelphia: J. B. Lippincott Co., 1896.

Dr. Jacobi has been for many years an industrious practitioner, writer and teacher in the specialty of children. His articles are always scholarly, thoroughly practical, giving evidence of much thought and of intelligent research. In the present volume the author has condensed, with excellent results, the studies of a life of hard professional work. He says in his preface: "A large part of this work is devoted to diet and hygiene, a good deal to the consideration of the action of medicine. Indications for the administration of medicine are furnished by etiology and symptomotology. Without a diagnosis of the morbid process and its evolution, and without its appreciation of its influence on the patient no rational therapy can be thought of. I have, therefore, taken particular pains to offer clear, though brief, statements of differential diagnosis." The profession, through the numerous monographs of the author which have appeared, are familiar with his clear style of conveying information, and will welcome to their libraries the present volume.

THE FUNCTIONAL EXAMINATION OF THE EYE. By J. Herbert Claiborne, M.D.; 100 pp., with illustrations. The Edwards & Docker Co., Philadelphia, publishers; 1896.

This book consists of a number of lectures delivered at the New York Polyclinic, and to the graduating classes of the College of Physicians and Surgeons, New York. The author's purpose is to make the subject of fitting glasses clear to any one. Particular attention has been given to the subject of astigmation. The material has been so arranged that the chapter on presbyopia contains the substance of all that has gone before. The chapters on refraction and mychrotics are concise and excellent. Price, $1.

"POPULAR SCIENCE NEWS."—To those who wish to keep pace with new thoughts in science, and have no time to read the elaborate essays of the scientific quarterlies, we commend *Popular Science*, now in the thirtieth year of its publication, with a stronger life and more vigorous strength infused into it by its new management. We give as a specimen of some of the good things it contains every month the title of its leading articles for February: "Is Mars Inhabited?" "Venom of Serpents," "The Boomerang," "Motors Past and Present," "Our Debt to Alchemy," "Hawks and Owls," "Commercial Monstrosities," "Mind Reading," "Metric System Simplified," "Petroleum and Natural Gas," etc.

A MANUAL OF THE PRACTICE OF MEDICINE. By George Roe Lockwood, M.D., Professor of Practice in the Woman's Medical College of the New York Infirmary; Attending Physician to the Colored Hospital and to the City (late Charity) Hospital; Pathologist to the French Hospital; Member of the New York Academy of Medicine, of the Pathological Society, of the Clinical Society, etc. With seventy-five illustrations in the text and twenty-two full-page colored plates. Philadelphia: W. B. Saunders, 1896; pp. 936; octavo.

The author has aimed in this volume to present the characteristic facts and principles of his subject, in a concise form, for the purpose intended. His classification is after Osler, therefore excellent.

There is no doubt of its becoming a popular text-book, and it will save the student an immense amount of time when he most needs it, during his college course.

AN ATLAS OF OPHTHALMOSCOPY, with an Introduction to the Use of the Ophthalmoscope. By Dr. O. Haab, Professor of Ophthalmology, University of Zurich. Translated and Edited by Ernest Clarke, M.D., B.S. (Lond.), Fellow of the Royal College of Surgeons, Surgeon to the Central London Opthalmic Hospital, Opthalmic Surgeon to the Miller Hospital, etc. New York: Wm. Wood & Co.; 1895; pp. 55 and plates; large 12mo.

This little book is the first of a series of hand atlases upon various branches of medical and surgical science which the publishers propose to issue, which, for accuracy, beauty and compactness is believed to exceed anything heretofore produced, and the sample before us certainly bears out the announcement.

The plates are superbly printed in colors, and at a price never before approached for cheapness. The scientific faithfulness to Nature is vouched for by the best authorities. The descriptive text is printed for convenience on the page facing the plate.

The scheme at present embraces five subjects, each covering about 200 pages, 5 by 7½ inches in size, and includes: 1. Ophthalmoscopy; 2. The nervous system in health and disease; 3. Fractures and dislocations; 4. Anatomical atlas of obstetrics, diagrams and therapeutics; 5. Gynæcology. The series will be sold by subscription, at $15 for the set.

The well-known standing of the publishers is sufficient guarantee of the physical part of the work.

THE POCKET RECORD SHEET.—The Pocket Record Sheet may be used with the old ledger, or any other visiting list may be used with this office ledger; but where these books are used together the abbreviations are found to correspond. The Pocket Sheet may be begun at any time of the year without loss of space, being perpetual. It is used from day to day, just as we have been accustomed to use the old style of bulky visiting list, until full; when, owing to its peculiar construction, it can be opened full length on the desk, showing more entries at once than can be seen in any other weekly or monthly pocket list published. It is the most perfect thing of the kind that we have seen. Address all communications to Dr. Alexander F. Horton, 242 Quincy street, Brooklyn, N. Y.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY, being a yearly digest of scientific progress in all branches of medicine and surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigators, with a staff of editors for each department, under the general editorial charge of George M. Gould, M.D., profusely illustrated with numerous wood cuts in text, and twenty-three handsome half-tone and colored plates. Philadelphia: W. B. Saunders, publisher, 1896.

The editor, in his preface, says: "It is confidently believed that no very significant fact has escaped review in the present pages; the material used has been not only the periodicals of the year, but often the more important monographs, text-books, etc. Judicial criticism is also desirable, not only to select and summarize, but also to pronounce decisions upon proposals, and to prevent useless experiments upon others. Without being too dogmatic, it has been the aim of the departmental editors to pronounce such needed judgment upon new suggestions or upon matters in dispute. The list of departmental editors has been made up from the ablest specialists in the country."

AN AMERICAN TEXT-BOOK OF SURGERY, FOR PRACTITIONERS AND STUDENTS. By Charles H. Burnett, M.D.; Phineas S. Conner, M.D.; William W. Keen, M.D.; Charles B. Nancrucell, M.D.; Roswell Park, M.D.; Frederick S. Dennis, M.D.; Lewis S. Pitcher, M.D.; Nicholas Sinn, M.D.; F. I. Shepherd, M.D.; Lewis A. Stimson, M.D.; William Thompson, M.D.; J. Collins Warren, M.D., and William White, M.D. Edited by William W. Keen, M.D., LL.D., and J. William White, M.D., LL.D. Second edition, carefully revised. Philadelphia: W. B. Saunders; 1896.

The first edition of this work, coming from American authors and specially representing American surgery, attracted more than usual attention, not only in this, but also in other countries. It was seen that in versatility, in originality of invention, and in turning the ideas of others to a more practical use, the American surgeon had no superior in the world. Of course, in a purely American work, criticism was challenged at home and abroad, and that criticism, kindly given through medical journals, and in the lecture room, has been utilized in the second edition to make the work in every way more complete. Among the changes in the text, we notice the effect of modern small arms in military surgery, and very important suggestions in the surgery of the skull, the spine, the chest, stomach and rectum. The important chapter on displacement of the uterus has been rewritten, with many valuable improvements. The fact that a large edition has been exhausted in three years, and that the work has been introduced as a text-book into sixty colleges, shows the large place it holds in the estimation of the public.

SURGERY. A practical treatise with special reference to treatment. By C. W. Mansell Moullin, M. A., M. D., Oxon., Fellow of the Royal College of Surgeons; Surgeon and Lecturer on Physiology to the London Hospital; formerly Radcliffe Traveling Fellow, and Fellow of Pembroke College, Oxford, Eng. Assisted by various writers on special subjects. With 623 illustrations, many of which are printed in colors, about two hundred having been made from special drawings. Third American Edition. Revised and edited by John B. Hamilton, M.D., LL.D., Professor of the Principles of Surgery and Clinical Surgery, Rush Medical College, Chicago; Professor of Surgery, Chicago Polyclinic; Surgeon, formerly Supervising Surgeon-General, U. S. Marine Hospital Service; Surgeon to Presbyterian Hospital; Consulting Surgeon to St. Joseph's Hospital and Central Free Dispensary, Chicago; Secretary-General of the Ninth International Medical Congress, etc. Philadelphia: P. Blakiston, Son & Co.; 1895; pp. 1250, octavo. Cloth, $6.

The wide scope, clear expression, and excellent illustrations of this superb work, have made it one of the most popular of its class, as shown by the appearance of a third edition in so short a time. The text has undergone thorough revision wherever necessary, and many new illustrations have been added. The additions by the American editor are both practical and valuable.

The author devotes little space to controversial subjects, and has endeavored to make his work eminently practical, especially in the direction of treatment.

The author also enforces the idea that the chief aim and object of his art is to assist the tissues in every possible way in their struggle against disease. The book is a splendid epitome of the main principles of modern surgery as they appear to-day.

MATERIA MEDICA AND THERAPEUTICS. A Practical Treatise with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, A.M., M.D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, Philadelphia, etc., etc. Third edition, thoroughly revised; reset with new type and printed from new electrotype plates. Royal octavo, pp. ix, 1108. Extra cloth, $5 net; sheep, $5.75 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry street.

In this edition the author has combined his excellent work into one volume, which is an improvement. We have no hesitation in saying that according to our judgment the work is far in advance of any of its class in the direction of individualization of the means of treatment of disease, and that is what must be appreciated if we would succeed in practice. We entirely agree with the assertion that "we should be physicians in the broadest sense of the word," and if we would be such we cannot be dogmatists.

The table of contents includes a great variety of means and methods besides drugs, and the chapter on dietetics will serve as an excellent introduction to the study of this important branch of treatment, which can be supplemented as occasion requires.

We also find electricity, massage, oxygen, heat and cold, hydrotherapy, music and many other subjects intelligently treated and made practicable.

We have no hesitation in commending this book to students and others who require a down-to-date work in this department.

If space permitted, we would reproduce here the "table of contents," which we are confident would be of interest to our readers, but the next best thing we can do is to suggest a perusal of the volume, or if that is inconvenient, correspondence with the publishers, with a view to deciding any question as to whether the book is wanted.

The man of science and the poet equally will miss the truth, if either one or the other deals boldly with Nature, instead of invariably following her guidance; if he seals his heart against her sweet influences; if he has a theory to maintain, a solution which shall not be disturbed, and one possessed of this false cipher, he reads amiss all the golden letters around him.

CORRESPONDENCE.

SOME REMARKS ON "INEBRIETY."—BEING FOR THE MOST PART A REVIEW.

To the Editors of the NEW YORK MEDICAL TIMES:

According to the views of many of our most eminent medical men, inebriety is a disease, and individuals who suffer from it are mentally, morally and legally irresponsible.

A recent writer (*Louisville Medical Monthly*) asks the following pertinent questions:

1. Is inebriety a disease, *per se*?
2. If so, where does the disease begin and habit end?
3. What are the pathological changes which take place as the habit ends and disease begins?
4. If a disease, *per se*, is it hereditary?
5. And if hereditary, why does it not manifest itself equally as between the male and female?
6. If a disease and acquired, what is the correct classification?
7. What shall be done with the inebriate; *i. e.*, what is the most rational treatment?
8. Should he be considered legally as a criminal, and treated as such?
9. Should he be regarded a sinner, and placed under strict moral restraint?
10. Or is medical attention indicated from the beginning of his inebriety?

These questions are of considerable importance, and seem not to have been thoroughly and explicitly elucidated by either "the eminent medical man, the wise statesman, or the philanthropist," though each in turn has contributed much to our knowledge of the subject.

Almost universally throughout available literature the term "inebriety" is employed to designate a condition which in my estimation should be denominated "drunkenness;" or when applied to the diseased condition of the system sometimes resulting from the long-continued ingestion of alcoholic liquors, it should be "alcoholism." In other words, writers are apt to confound the effects produced upon the system, or upon individual organs of the body, by the long-continued and excessive use of alcohol, with the alcohol itself, which leads to synonymous employment of the expressions "inebriety," "intoxication," "inebriation," "drink habit," "drunkenness," and "alcoholism." In order that we may properly interpret an author's meaning, he should be careful to make use of only such expressions as will convey the correct ideas. If he writes "inebriety" when "alcoholism" is meant, we are apt to be misled and base our conclusions upon false premises.

If inebriety be a disease *per se*, a writer states, we are yet in the beginning of our acquaintance with it, and much study of individual cases and delicate investigation in the laboratory will be necessary to single out and classify symptoms and define the minute pathological changes that have been produced by alcohol, to give it a separate position in the category of diseases.

In my opinion the point of primary importance would be to determine if inebriety *per se*, by the most painstaking and careful investigations, can legitimately be included in the category of diseases. While it is true the word is employed by most modern writers to designate a condition caused by the long-continued and excessive ingestion of alcoholic liquors, we seem to be without explanatory evidence as to the definite and recognizable pathological changes produced in the economy, which considered collectively or singly constitute the characteristic *materies morbi*. When these points shall have been determined, next in importance comes "Where does the disease begin and habit end?"

One author claims that periodical drinkers are either primarily, or having become so secondarily, diseased individuals. Another says that if it be admitted that every man or woman who takes one drink of alcoholic liquor is a diseased individual. then as a nation, we are in immediate danger of dissolution; meaning, I take it, that few of us abstain absolutely from alcohol in some of its forms, which is probably true in a certain measure.

The question of hereditary influences as applied to drunkenness, is one that has attracted no little attention, but thus far no definite information seems to have been obtained. A late writer states, although there is no question that alcohol is a poison, and that every tissue of the body is permeated and possibly diseased by it in those who use it as a beverage, our knowledge of the pathological conditions it produces is but in its infancy, while its effect on mankind, in relation to heredity, is as yet but a matter of conjecture.

All agree that the drunkard is likely to beget children with a peculiar irritable or excitable nervous system, which is about as far as we are justified in going at present in speaking of hereditary influences.

Not a few points of characteristic interest are covered by a contributor to a recent number of the *Louisville Medical Monthly*, and with my humble apologies to the author, the following short abstract of certain portions of his article may prove interesting to your readers.

My opinion is that drunkenness (the so-called inebriety or ebriety) is first and last a habit; that *per se* it never has been and never can be a disease. I also wish to contend that drunkenness is not, nor has it ever been, hereditary. Suppose, for instance, that grandfather, father, brother, etc., die the death of the inebriate—from the excessive ingestion of alcohol—what does this prove? I claim nothing, further than the fact that each has become addicted to the use of alcoholic liquors through association, influence and habit. The same rule applies with equal force to the female sex.

It might be well to call attention to statistics concerning drunkenness, which show that the proportion of females is very small. Were the law of heredity true in this connection, the number of female drunkards should exceed that of the male sex in the same ratio that the female population exceeds that of the male. That this is not the case points clearly to the fact that drunkenness not only is not a *disease*, but also that it is not *hereditary*. It seems very charitable to excuse a woman's drunkenness on the grounds of inheritance, but the fact remains that she could never become a drunkard without formation of the drink habit. How could a person become a drunkard (by inheritance) without having tasted alcohol? Could such a position be made tenable for a moment?

It has been stated (Crothers) that the ejection of a tapeworm, removal of a spicula of bone pressing on a nerve, trephining the skull, operation for and removal of a stricture, the curing of hemorrhoids, constipation, diarrhœa, and numerous other conditions, have frequently been followed by recovery from inebriety (drunkenness). Also that a certain number of cases recover from a change of surroundings and living; change of occupation has been followed by complete restoration.

That change of climate, surroundings, sanitary conditions, occupation, etc., has frequently brought about complete restoration from drunkenness, seems to me *prima facie* evidence that the drunkard is not a diseased individual. Did change of occupation ever completely restore a patient suffering from typhoid fever or pneumonia? But the strongest point against the disease theory lies in the fact that no remedy which can be administered will assist the individual unless he possesses an earnest, conscientious desire to reform. In curable *diseases* the patient's wishes need not necessarily be consulted in order to effect a cure.

Drugs may be given, hypodermically or otherwise, that will produce a temporary dislike for alcohol, because of the intense nausea which results, but the habit is not corrected unless the individual desires to reform. If he has an earnest and conscientious desire to reform—if he wishes to quit drinking—I contend that he can do so, if he will. In a majority of instances complete reformation can be brought about without any form of medication or treatment, the individual simply exerting an amount of will-power sufficient to overcome the habit. Of course, moral influences have much to do with complete reformation. Every person should be endowed with an inherent force of will sufficient to overcome habit, as well as to govern his acts toward his fellow-man.

It has been said that nine-tenths of the diseases which we may suffer are self-limited; *i. e.*, they will run a certain definite course, and, vitality of the individual being sufficient, Nature will, in its own mysterious way, combat the destructive elements and bring about complete restoration to health. If this be true of various diseases is it not reasonable to assume that Nature's inherent force is adequate to assist the individual in correcting a habit? The most natural solution of the problem, then, would be this: If a person has formed the liquor habit, and possesses an earnest desire to abandon it and reform, all he has to do is to simply quit drinking—which he can do if he will—and then keep away from companions, associations, influences and resorts which might induce or tempt him to return to his former habit.

I make the statement that a man can reform if he will, with a firm conviction of its practicability, notwithstanding the fact that the vast majority of those whom we regard as authority upon this question claim such a thing, in most instances, an absolute impossibility.

Drugs, when indicated in the treatment of drunkenness, should be in the nature of tonics, and care must be exercised in their selection, lest a condition infinitely more deplorable than the liquor habit be induced.

There are instances in which alcoholic stimulants may be beneficial to the human economy, and where indicated I believe, may be taken in moderation by any man who has a normal will-power, without the production of any bad results.

I believe incarceration in jail or workhouse never benefited a drunkard, or had the happy effect of curing him of the drink habit. As to treatment of drunkenness in hospitals or asylums constructed and especially equipped for the purpose, for obvious reasons this is impracticable in the vast majority of cases. There is no doubt that the environments of an especially equipped asylum may be made to reach a state of perfection which cannot be obtained elsewhere, and for this reason only may the drink habit best be corrected in such an institution. I would therefore recommend this plan in selected cases. By selected cases, I mean those in which the moral and social influences at home are markedly unfavorable.

The idea that a drunkard can be *forced* to reform by confinement in an asylum, against his inclination, be the surroundings and influences, social, moral and otherwise, never so favorable, in my opinion is an impossibility. He will be without liquor just so long as he is absolutely compelled to abstain, and no longer. Without the desire to reform, no effort will be made on his part to do so, and as a matter of course no permanent good will be accomplished by confinement or forced temporary abstinence.

Louisville, January, 1896. C. C. MAPES.

CANTHARIDES IN NEPHRITIS.

To the Editors of the NEW YORK MEDICAL TIMES:

I notice in the NEW YORK MEDICAL TIMES a communication from a Dr. Dessau, of New York, in which he says that Dr. Clifford Mitchell, of Chicago, has paid no attention in his work on Kidney Diseases to the action of cantharides on the kidneys.

This is only not correct, as may be seen from a careful reference to Dr. Mitchell's book, but I distinctly remember that ten years ago, when I was a first year medical student, Dr. Mitchell referred to the action of cantharides in his lectures on the treatment of nephritis, and I have used it since successfully in post-scarlatinal, diphtheritic and other forms of nephritis.

I would suggest that Dr. Dessau read, and quote *the whole* article on cantharides, on pages 205 and 206 of Dr. Clifford Mitchell's book, including the clinical notes of its use in *acute* and *chronic nephritis*, in which no mention whatever of the bladder is made. Moreover, if Dr. Dessau will read Dr. Clifford Mitchell's article on acute scarlatinal nephritis, published in Dr. Tooker's work on diseases of children, page 444, he will find due credit given to Dr. Jousset, of Paris, for the use of cantharides in this disorder.

Respectfully, W. S. WHITE.

Chicago, Jan. 6, 1896.

FANTASTIC PRESCRIPTIONS.

Some years ago, writes a physician (*Progres Medicale*), I was called to Djoahne Sidtleometzhler. His symptoms were complicated and peculiar, and led me at first to suspect that he had swallowed his name. But a more thorough examination convinced me that he was affected with typhomalariopneumophthisicotrichinotetanoataxiophetic-osphenitis. In view of the ubiquity of pathogenic bacilli, antiseptics are always indicated, and I prescribed the following:

Betanaphtolalphamono sulphate of lime with salicylaldehyde phenyldimethylpyrazolene. His wife asked me with what disease her husband was attacked. I told her. She said, "Yes?" and immediately became alarmingly pale. On examining my patient the next day, I was convinced that the vital forces had perverted the action of the remedies, and there had resulted a series of retro-absorptive effects, so I at once gave the following prescription.

Tehahydrobetanapthlolamine,
Thio paratolindine sulphate of soda,
Anhydrous orthosulphamido benzoic acid,
Amidolaceto paraphenetidine.
One teaspoonful every two hours.

On reading this prescription, the druggist fell dead. The patient, only so so, but there remains a disturbance of Broca's convolution, and he mutters a polysyllabic language that is unintelligible to a modern physician.

We have translated the above humorous hit at the rapidly growing tendency to mystify by pompous and high sounding names and in many instances to dress up in fantastic colors old and familiar remedies, and so deceive the unwary by sonorous scientific terms—so called. The same applies to much of the medical literature of the present day, and it is not uncommon to see columns of current journals running over with speculative theories that would puzzle a "Philadelphia lawyer" to decipher and reduce to intelligible thought and expression. Of late the germ theory of disease has given a special impetus in this direction, and seems to inspire its opponents and disbelievers with a frantic ejaculation of proscription and abuse, and to "sail in" and "lay about them" generally, whenever a germ approving head may dare to show itself. Another most prolific source of acute misery to these disbelievers of some of the most brilliant and wonderful discoveries ever achieved by progressive science, and who would still disbelieve "though one rose from the dead," is the antitoxine treatment of disease by inoculation. But how easy it would be, if one should take the trouble to investigate the extent and worth of their knowledge upon these subjects, to prove that they are infected not only with disbelief, but are enveloped in a cimmerian darkness of ignorance of what they never grow weary of trying to belittle and condemn. They not only fight against the cumulative evolutions of scientific thought and discovery that are filling every day and hour with inestimable treasures of good for man's benefit, but in the bitterness of their opposition to such marvelous revelations as illuminate the life of a Pasteur, they sullenly reject and disown all these with the words: "We will not have this man to reign over us." They remind one of the man who dreamed that he went to hell. We dare say our readers have all heard the story, but it's a good one, and applicable here, so we repeat it. When he reached Tartarus he became the recipient of infernal hospitality, such as is supposed to obtain in that locality, and was shown about by the presiding genius and "arbiter elegantiarum" of all, and the other delights supplied by his dominion, and then in popular favor. Among other objects of inquiry, there was one concerning which our dreamer was especially curious, and that was as to what accommodations there were for the various religious sects that had so long troubled earth with their mutual and irreconcilable malignity and hate, and had made a hell on the other side of the Styx. On sounding His Satanic Majesty upon this momentous question, and in which he laid particular stress upon the disposition that had been made of the sect known terrestrially as Presbyterians, "Oh," replied the Sulphurous Monarch,

"come with me, and I'll show you how I solved that difficulty. Finding those fellows to be unruly and troublesome, and given to perpetual wrangling and dogmatic self-assertion, I have been compelled to adopt the plan of segregation from the rest of the community of my subjects, so that the peace of my kingdom should not be invaded, and that I might have the necessary leisure to pursue my unique function of diabolism tranquilly and uninterruptedly." So saying, he lifted up a cover or lid, and disclosed the mouth or aperture of a cavern, from which issued sounds of strife and disorder. "Listen," said he, "and you will soon be convinced of the necessity for their isolation." Sure enough, there they were at it, hammer and tongs, and not all the miseries and torments of hell itself had sufficed to burn out and consume the polemic bitterness of the *Christianity* in which they believed, and their interpretations of whose teachings and practices while on earth, had served as their credentials and acceptable passport to "the lake that burneth with fire and brimstone." Thus it is with our polemic doctor. He hugs his idols, forswears all innovations, contemns and spurns all the revelations of scientific research, and like the old time country doctor, thinks that when he has a good lot of colomel, castor oil, blue pill and Dover's powder, with a syringe or two for safety, in his saddle bags, he has got it all, and embodied within himself the entire art of medicine. He wants no advice from anybody, and believes himself to be the lineal descendant of the typical schoolmaster whom "poor old Noll" drew with his immortal pencil, and as he goes there is always humming in his ears:

"And still the wonder grew
That one small head could carry all he knew."

But let him stop and reflect that he'll be left behind in the race, and soon there'll be nothing left of him but a dissolving view, with perhaps a regretful memory among those who knew him of what might have been, could he have shaken off the old and threadbare garment of obstinate self-satisfaction and conceit, and consented to be taught by others who had forgotten, or laid aside as useless lumber, volumes more than he ever knew, or ever had the capacity to understand. The kismet, "It is given unto all men once to die," has been pronounced. Let him therefore remember that solemn fact, so that when the hour for the illustration of life's problem of mortality comes to *him*, he can shake off his "coil" contentedly, and drop out of life, feeling that he has drunk freely from all the overflowing fountains of knowledge, and gathered from every source "fruits meet for repentance," and so, the end!

JAMES A. CARMICHAEL.

New York, Jan. 20, 1896.

SOCIETY REPORTS.

FRENCH MEDICAL SOCIETIES.

ACADEMY OF MEDICINE.

Statistics of Hernia.—M Bertillon demonstrated the influence of luxurious living in the production of hernia. The statistics of the rich "arrondissement" of Paris, exhibit much less than those of the poorer localities. The occupations which predispose the most to hernia, are those of the brass and iron founders, maltsters, bakers and hatters; on the contrary, among those occupations in which the workers may sit, such as shoemakers, turners, clockmakers, etc., there are much fewer herniæ. Strangulated herniæ occur much more frequently among small boys than girls, and the age in which they are most rare is from five to fifteen years. After forty they increase rapidly with age.

M. De Valcourt reported the very good results, at the sanitarium of Cannes, from life in the open air, and sea bathing during the whole winter. It is true that at Cannes, the depression of the temperature below zero is rare, and is never prolonged beyond a few hours. Colds, infectious diseases, and rheumatism are very rare. The results in tuberculosis are more rapid in winter than in summer, and this fact, as respects phthisis, has been confirmed by the experience of many sanitaria.

M. Dubousqnet-Laborderie showed the influence exercised by local disinfection, and purification of the water at St. Ouen upon the mortality by typhoid fever. From twenty-three deaths in 1892, the mortality decreased to six in 1893, two in 1894 and one in 1895.

M. Berger read a report of four cases of tetanus communicated to the Academy by M. Le Roy Des Barres, of Saint Denis. M. Berger concludes that while admitting the prophylactic value of the injections of anti-tetanic serum, they have not succeeded, as a curative agent, in Paris, except in cases of chronic tetanus relatively mild. He insists upon the value of local treatment, and especially upon amputation, The last case presented by M. Des Barres was very demonstrative of the value of amputation.

Contagion by Books.—M. Du Cazal showed the possible transmission by books, of the streptococcus, the pneumococcus, and the bacilli of Loeffler, Eberth and Koch. The disinfection of books by the vapor of formaldehyde is less sure than their passage through the stove.

Vaccinal Immunity.—MM. Béclére, Chambon and Monod studied the immunizing action of the sanguineous serum of a vaccinated animal after dessication of the pustules. The action was rapid, almost immediate. It declared itself by the arrest of development of eruptive cancerous elements, and the attenuation of their virulence. The pustules remained rudimentary, abortive, and not inoculable.

Puncture and Incision of the Pericardium.—M. Delorme demonstrated that the accepted procedure of puncture in the fourth space, at six centimetres from the left side of the sternum, and again that in the fifth space, endangers the wounding of the pleura. He proposes, after repeated experiments upon the cadaver, a method which consists, after resection of two centimetres of the fifth and sixth costal cartilages, in removing the pleura from the point selected before puncturing the pericardium.

Annular Non-Cancerous Sclerosis of the Descending Colon.—M. Follet reported an observation of sclerosis, purely cicatricial, of the descending colon. He showed the success that would ensue, in these scleroses that had been diagnosed or revealed by an exploratory laparotomy from an enterectomy and a circular enteroraphy of the two ends of the intestine.

SURGICAL SOCIETY.

Elevation of Temperature After Hemorrhage of the Serous Membranes.—M. Delorme requested M. Quenu to explain why he believed in an elevation of the temperature after intra-peritoneal hemorrhage. M. Quenu had observed many cases of this kind in the service of M. Terrier. M. Reynier cited two observations of intra-pleural hemorrhage, with bacteriological examination, that were accompanied with elevation of the temperature, and continued to be aseptic, the same in hematocele and hemarthrosis; in the latter M. Quienu concurred. M. Puzzi observed considerable elevation of the temperature in many cases of hematocele, and attributed this phenomenon to the reabsorption of the blood, and the action of special toxines, the same applied to sanguineous effusions among the serous membranes, as noted in his general observations. M. Quenu insisted upon the rapid elevations of temperature, which could only be explained by reflex nervous action. M. Routier made a distinction between the rapid and the slow elevation of the temperature at the moment of the occurrence of the hemorrhage. M. Michaux was of opinion that there are effusions which are septic, and of which no cultures could be obtained. In all cases it is necessary to practically consider that every elevation of temperature should be regarded as an indication of septicity and requiring intervention. M. Lucas Championniere was of the same opinion as MM. Quenu and Routier. It all results from traumatic fever, which is different from septicemic fever, and traumatic fever really exists. The recommendation made by M. Michaux may produce real danger by practising useless interference.

M. Reynier: It is not at the moment of the occurrence of hemorrhage that the elevation of temperature is pro-

duced, but on the second or third day subsequently. When the blood escapes there is a depression of the temperature, and even though it be sterile, it may give rise to the elevation.

M. Quenu: All hemorrhages should not be confounded, but should be distinguished into the primitive and slow elevations.

M. Kirmisson: There are undoubtedly fevers without septicæmia—closed fractures, cerebral wounds, etc.

Pneumotomy.—M. Segoud cited five observations of pulmonary surgery. He insisted upon the service rendered by ausculation and percussion. In three cases of profound inter-lobor abscess, exploratory pulmonary puncture was very useful. M. Delorme returned to pneumothorax. There is no comparison between an accidental pneumo-thorax and that which results from surgical intervention, and hence he advises the fixation of the lung by two ligatures in the wound. M. Poirier had practiced pleuro-pulmonar fixation in a case of hydatid cyst by means of a suture put upon the two lips of the wound. There was no pneumo-thorax, and he considered that fixation was an excellent expedient.

M. Segoud recalled operations of the same kind made through the pleural cavity for hydatid cysts of the liver. M. Monod operated three times for pulmonary diseases, abscesses and gangrene, and he, too, insisted upon the great utility of auscultation and percussion. M. Terrier resumed some personal observations of pulmonary surgery. In two cases he had performed pneumotomy with the bistoury—cicatrization was very slow. There were hemorrhages and slight pneumonia; the pulmonary abscess was probably of hepatic origin.

M. Michaux presented a case of a woman who had been operated upon two years and a half previously for cancer of the uterus, by sacral hysterectomy. The operation was very laborious; he had successfully operated four times by the same method. M. Chaput exhibited an instrument for facilitating intestinal suturing, which he called "gouttiere anastomotique."

M. Pichevin: In a case of peritonitis supervening upon a vaginal hysterectomy, M. Pichevin performed laparotomy two days subseqently. He found general peritonitis, and a quantity of pus in the peritoneum—irrigation; cure. The peritoneal pus contained white staphylococci exclusively. The following are the experiences upon animals. 1st, the injection of peritoneal pus or of a pure culture of white staphylococci in boiling water, produced no peritonitis (Grawitz, Reichel, Orth, Waterhouse, Burjinsky). 2d. Injection of the staphylococci and of blood, caused a fatal peritonitis in fourteen days. 3d. If the peritoneum was scratched, or irritated with turpentine, the injection of staphylococci and blood killed the rabbit in five days. 4th. A slight peritoneal lesion, and not extensive, does not determine a fatal explosion of peritonitis, says Grawitz, if the peritoneal cavity is injected with blood and pathogenic microbes. 5th. Peritoneal lesions certainly favor the development of peritonitis, but they do not appear to be indispensable to the genesis of peritoneal infection. 6th. The peritoneum defends itself against the invasion of staphylococci better than the cellular tissues—abscess of the walls without peritonitis. 7th. The virulence of the staphylococci singularly increased by their successive passage under the skin of two guinea pigs and one rabbit. 8th. Injection of these staphylococci of very intense virulence produced peritoneal inflammation. 9th. Injection of blood and of the very virulent staphylococci into the peritoneum killed the animals in less than twenty hours; the peritonitis was intense four hours after the operation. These results confirm those of Burjinsky, and explain the differences with Grawitz and Pawlosky. The staphylococci of the peritoneal pus of our patient, when introduced, were harmless and disappeared. These same pathogenic germs, after several transmissions, produced a very manifest peritonitis. According to the opinion advanced by Bumm, post-operative peritonitis is contagious; it may be from staphylococci or streptococci exclusively or from multiple and various microbes. 10th. The gravity and rapidity of the infection and of death depend upon the preparation of the culture, the extent of the peritoneal lesions, and especially upon the degree of the virulence of the pathogenic germs. Staphylococci, according to their virulence, can kill animals in fourteen days, in five days and in less than twenty hours.

After having studied the symptomatology of post-operative peritoneal septicæmia, M. Pichevin concludes that peritoneal irrigation is the supreme resource. It should be done rapidly, and twenty litres of salt water or boric water should be thrown into the peritoneum.

M. Porak curetted a woman attacked with puerperal peritonitis, consecutive upon the retention of a fetid placenta. From the first day of the abortion, culture of the blood revealed the presence of a large number of streptococci. This seemed to him a contra-indication against laparatomy and irrigation. The patient succumbed.

Action of Leucocytes; Phagocytosis (from the *Clinique Francaise*).—Before Metchnikoff, the role played by the lymph was not determined. It was he who first studied its composition, and fixed the relations of the white globule to the microbes. We know that the transparent or pale yellow lymph, is milky or whitish when it returns from the intestine. It is the chyle seen in circulation when an animal is killed two or three hours after eating. This lymph circulates in the lymphatic vessels, traverses the glands, where it becomes charged with white globules, and finally commingles with the venous blood. It exists in very large quantity in the organism. Sappey estimates it at one-half of the arterial system. As to its composition, it is very interesting, and the microscope easily reveals it. White globules are seen, appearing like small masses, non-nucleated corpuscles, contractile, changing their form, and possessed with the property of absorbing small solid bodies. Another curious fact, that they are much more numerous after their passage through the glands, and are found in large numbers around an inflamed point. They are enveloped in a *plasma*, which presents characters analogous to those of the blood plasma, coagulating spontaneously, and forming a fibrinous reticulum which imprisons the white globules. The serum is analogous to the serum of the red blood, with alkali-albumines and serine entering into its composition. The following is, according to Hensen and Dahnhardt, a comparative analysis of the blood and the lymph.

	Blood plasma.	Lymph.
Water	902	86.34
Fibrine	4 05	1.07
Other albuminoids	78.84	2.30
Extractive matter (urea)	5.66	1.31
Mineral salts	8.55	8.78

These may increase or diminish from certain causes. Muscular activity, sanguineous pressure and venous obstruction augment them. Vaso-dilatation and certain therapeutic agents—for example, curare—have an identical action. It may also be remarked that diet augments the proportion of albumen and diminishes the water, and that, after traversing the glands, the leucocytes and fibrine are much richer and in larger numbers.

These glands have, moreover, the property of arresting virus and fine particles of charbon (anthracosis). The utility of the lymph is indisputable; it serves to restore to the blood the formed transudations, the elements charged with nourishing the tissues. It establishes a current from the organs to the venous system, while the chyle carries to the blood the assimilable products of digestion received in the intestine. In fine, it is the role played by the white globules, the study of which has been illuminated by Metchnikoff; it is phagocytosis.

These globules are, because of the movements with which they are endowed, veritable migratory cells, and by their properties of absorption, they consume the small corpuscles, the microbes which they encounter, and relieve the organism of them. They also appropriate the debris of the red globules, the pigmentary granulations, and attack the microbes that have penetrated into the tissues. They absorb them, digest them, or carry them to the glands. Such is *phagocytosis*—the original conception due to Metchnikoff.

By the side of this action should be placed that of anti-

septics, which aid in supplying the phagocytes. It is useless to add anything further to the value of antisepsis. No one who understands can fail to admit this; it simply remains as to the choice of the antiseptic. An active and non-toxic antiseptic, such is the point to which tend all the efforts of operators. These qualities we believe to reside in the "coal tar saponine of Le Boeuf." This agent is in the form of an emulsion of saponine, which makes it suitable for cleansing wounds more thoroughly than any other chemical agent, and allows of its employment in water in any quantity, according to the use desired. We have never seen any accidents following the dressings made with "coal tar saponine," and we remember that M. Le Boeuf, with Dr. Jules Lemaire, were the first to apply this method to the dressing of wounds, and of creating, before Lister, the antiseptic process. For instruments, "coal tar saponine" pure. For operations, with the addition of 2 or 3 parts of water; for dressings, solutions of one-quarter, one-tenth.

Asystole Treatment.—By asystole is understood an obstruction of the circulation, whose cause consists of feebleness of the contractions of the heart. Beau was the first to study and describe this particular condition of myocardia. The appearance of a patient suffering from asystole is characteristic. He pants for breath, and seems to suffer great anguish, face purple and covered with sweat, eyes haggard. This affection, that causes such disturbance in the two circulations, is characterized by depression of tension of the arterial system, and augmentation of the same in the venous system. Infiltration of the serous membranes—œdema—is the most prominent system. As respects the lungs, there are symptoms of great dyspnœa, of pulmonary apoplexy, with tendency to suffocation, and probably effusion into the pleura. The abdominal viscera are equally involved, with ascites often very abundant, liver congested, frequently painful, extending below the false ribs, with hepatic pulsation, and an icteric hue of the complexion. The spleen is sometimes enlarged, with frequent digestive troubles—diarrhœa, intestinal hemorrhages, vomiting, nausea, etc. The kidneys, too, are not spared; analysis often reveals traces of albumen. On cooling, the urine gives a red precipitate, and sediment full of uric acid and urates. The nervous system also participates in the asystolic troubles, with cephalalgia, mental confusion, vertigo, etc. There are the phenomena of dilatation of the heart, apex depressed, with the area of dullness increased, auscultation yields dull sounds, tumultuous, with no special characteristics. According to Parrot, a gentle souffle ("souffle asystolique" may be heard at the zyphoid appendix; pulse small and intermittent. A number of affections may spring from asystole, viz., valvular diseases among the first, described by Beau under the name of the "coeur force"—the forced heart—the condition of that organ being as though oppressed by violent exertion and fatigue, and which make up the majority of cases of asystole. Diseases of the lungs, which obstruct the capillary circulation; viz, emphysema, sclerosis, asthma, whooping cough, croup, may be productive of arterio-sclerosis, and aneurism of the aorta, and as respects the urinary apparatus, may provoke certain forms of nephritis, and biliary lithiasis. There are also asystolic conditions having reflex points of departure, viz., utero-ovarian, for example, and others of nervous origin, Basedow's disease and certain operations. It is very difficult to explain a symptom like asystole, that is due to so many and various diseases. Easy to understand, however, that a myocardia can produce disorder of the general circulation, diseases of the lungs producing hematosis, and, in the lesser circulation inducing hypertrophy of the right side of the heart, terminating in asystoly. But one is forced to admit a reflex action in cases of asystoly due to biliary lithiasis, for example, or certain affections of the stomach—Potain—and more reasonably still, nervous maladies. Whatever may be the disease that engenders asystole, the cause is vaso-motor, with an augmentation of pulmonary vascular tension, whether due to the pneumogastric—Potain—or the great sympathetic—Frank Arloing. The treatment should be addressed to the cause that modifies the blood-tension. A tonic should be given to the heart, which will restore its energy and help it to overcome the obstacle that has caused its hypertrophy. Most important of all is rest, with the absolute observance of a milk diet; soothing drinks, may be permitted, either sweetened or with milk. Next, a choice must be made of a cardio-vascular remedy. Digitalis is excellent, but its action should be carefully watched. Preference may be given to the granules of chloroformic digitaline—one milligramme granules of Berthiot, which are of irreproachable dosage. Strophanthus, sparteine, convallamarine and caffeine may be tried; but superior to all are the preparations of the kola nut, which, as we know, contain caffeine, theobromine, and the red extract of the kola, this last alkaloid having an action superior to that of caffeine.

Prof. Dujardin-Beaumetz says: "One of my pupils—Dr. Mounet—has devoted his inaugural thesis to the study of kola. He has thrown light upon the tonic properties of this remedy, and its happy effects in the cure of cardiac affections, and new experiments, recently made by Prof. G. See, have confirmed the facts previously established by us." The kola should be given in asystole, particularly the fresh nut, which acts more effectively, and in smaller quantity. The granulated "Kola Henry," with the fresh nuts of the kola, seems then to be the remedy of choice because of its richness in alkaloids. Give the "Kola Henry" in the dose of five to six teaspoonfuls (such containing three grammes of the fresh kola) in a little water or sweetened drink, on eating, to those patients to whom a slight meal may be permitted.

THERAPEUTIC SOCIETY.

Arecoline and the Arec Nut.—M. Monquet endeavored to substitute in veterinary practice in the treatment of indigestion, the bromhydrate of arecoline, combined with injections of the sulphate of eserine and the nitrate of pilocarpine. Employed in the horse in the dose of 0 gr., 02, the bromhydrate of arecoline produced copious salivation and defecation, without diarrhœa.

M. Weber has employed the arec nut in the dog as a vermifuge, dose 2 to 4 grammes. He is astonished that this excellent vermifuge is not used in human therapeutics.

M. Bardet said that the arec nut is used for chewing. In England and Germany it is administered as a vermifuge; it may be servicable in obstinate constipation. The arecoline, the extract, is very poisonous; the dose for a man should be less than a milligramme.

M. Monquet remarked that arecoline should not be confounded with arecäine, another product of the arec nut, and analogous to muscarine.

M. Ponchet thought that before the introduction of arecoline into human therapeutics, it should be experimented with at length, and the dose definitely fixed, because this very active substance causes cardiac troubles.

Treatment of Grippal Pneumonia with Philocarpine.—M. Bardet read a report by M. Poulet, who had treated an epidemic of grip with pulmonary manifestations. The pneumoniæ, when treated with pilocarpine, dose 0 gr. 10, for two days, were cured in a large proportion. One hundred and eight cases were observed, with no succeeding accidents.

M. Ferrand feared that the employment of pilocarpine, in pneumonia, might determine cardiac collapse.

The Stomach of the Count de Chambord.—The *Freindenblatt*, of Vienna, publishes the following item:

When the autopsy of the Count de Chambord was made at Frohsdorf in 1833 with all the formalities required by law, Professor Kundrat recognized immediately on opening the stomach, that the Count had died from a cancerons abscess, about two centimetres in size, and which had formed at the cardiac orifice.

Always desirous of multiplying the precious objects—from a scientific point of view—of the Museum of Anatomy and Pathology of the University of Vienna. Prof. Kundrat, in his scientific zeal, made no scruple of cutting off this part of the stomach and taking it to the museum, where it was preserved in a jar filled with alcohol, and distinguished by a label written by the Professor's own hand, so that every

visitor to the museum could examine it without difficulty, and every physician could be satisfied that he was in the presence of a typical case of carcinoma.

The Duke of Parma, one of the heirs of the Count de Chambord, having learned through the journals of the presence of this object at Vienna, dispatched M. Ferdinand d'Obry, an old employe of the Count, to Prof. Drasche. During last August negotiations were instituted with the Institute of Anatomy and Pathology, which rapidly culminated. M. d'Obry, after having informed the chief of sanitary service of the city, and, having submitted a "procès verbal" of the affair, received in a casket of silver the last remains of "The Child of France," and transported them to Castagnovizza, where they were deposited, according to the *Corriere de Gorizia*, in the sarcophagus of the Count de Chambord.

A Lake of Blood.—For some weeks the surface of Lake Morat, in Switzerland, has been colored red. This phenomenon often occurs, and the old fishermen call it "The blood of the Burgundians," in memory of the soldiers of the Téméraire, who met their death in the waters of the lake. This coloration of the water is due to the presence of an aquatic herb—"oscillatoria rubescens"—described by Italler, in 768, and by Candolle before the Society of Naturalists of Switzerland in 1825. In his monograph of the 'oscellariæ"—Paris, 1893—Gomont cites the Lake of Morat as the only locality of this little plant.

MEDICAL SOCIETY OF THE HOSPITALS.

M. Gaucher reported four instances of patients poisoned by the external use of the sub-nitrate of bismuth. Three of them were attacked with ulceration of the leg; the fourth, a woman, burned in different parts of the body. They were dressed each day with the sub-nitrate. The first signs of poisoning appeared on the borders of the gums, more marked than in lead poisoning, and tattooed patches on the cheeks. If the use of the remedy was continued, a stomatitis soon supervened, followed by secondary infection. On disuse of the bismuth, the effects rapidly disappeared, so putting the origin of the poisoning beyond a doubt. M. Hayem, who employed the sub-nitrate of bismuth internally in the large doses of 15 to 20 grammes, had never met with accidents of the kind mentioned, and it gives reason to suppose that when applied to the integument, the remedy undergoes a peculiar modification, which does not exist when brought in contact with the gastric juice. M. Chauffard said that the treatment for ulcers of the leg, which had been most successful with him, was a dressing with powdered sugar, covered by gum taffetas. M. Siredey has employed a powder of the sub-carbonate of iron, with very good results.

The Mortality of Diphtheria Since the Use of Serum.—On summing up the mortality by diphtheria in 108 cities of France, whose population exceeded 20,000, M. H. Monod shows that the mean statistical record of deaths by diphtheria during the first half of the years from 1888 to 1894 was 2,627 deaths, while during the first half of 1895 there were only 904 deaths, a diminution of 65.6 per cent. If it be considered that diphtheria is more frequent in the country than in the cities, the valuation may be reckoned of nearly 15,000 lives annually preserved.

M. Mathieu communicated the case of a man who had absorbed 1,600 grammes of the sub-nitrate of bismuth in eighty days, twenty grammes daily, without producing any deleterious effect upon his general condition. This long administration of the drug was made involuntary during a vacation, and the treatment prescribed by M. Mathieu before the departure of the patient, was kept up until his return. It was interesting from two points of view, that of the harmlessness of bismuth when taken into the stomach, and the nullity of its action upon the gastric juice. M. Hayem: These are good reasons why it should be preferred to the bicarbonate of soda, whose action may be hurtful if administered in improper doses. M. Felix Ramond presented sections of fragmentary dissociation of myocardia in a case of "coeur force"—overstrained heart.

The patient, a professional runner, was taken with exhaustion and faintness in consequence of a forced march of about 30 kilometres. There was complete anæmia, and he died six hours after. The heart showed unmistakable lesions of segmentary dissociation. It seemed that the patient had succumbed to a sub-acute auto-poisoning, and that the toxines had played the same role as those of dothin-enterits or of variola, the important factors of segmentary dissociation. M. Hanot reported an observation of osteomalacia of pregnancy, the cause of which was a lobulated epithelioma of the bones and of the liver. In 1874, he saw another case, due to general syphilitic lesions of the osseous system, and thus it may be seen that osteomalacia is associated with a variable pathogenesis. M. Widal observed a curious case in a woman seven years after her last pregnancy, in whom there was no trace of syphilis. The microbic appearances were also negative. M. Huchard showed specimens taken from a woman stricken with sudden death during a mitral retraction. Because of three prominent symptoms, dyspnœa, excessive dilatation of the left auricle and arythmia, there was reason to regard it as a case of cardiac thrombosis. The autopsy revealed a clot in the left auricle which obstructed the very contracted auricular orifice. M. Hayem: The clot was made up of a hematoblastic mass, and was of the type called clots, "par battage." M. Comtz: Sublingua. ulceration and diphtheroid subglossitis, independent of whooping cough. From his observations M. Comtz concludes that there exist two kinds of lesions of the frenum linguæ, independently of whooping cough. (1) A sublingual ulceration resembling that of whooping cough, supervening in children that cough or have coughed without the spasms of coughing of the disease. (2) A diphtheroid subglossitis, or papillomatous, called the malady of Riga, which is met with in children who do not cough, but incessantly push the tongue out of the mouth and thus cause chronic irritation of the mucous membrane of the frenum. In both cases the lesion is of slight gravity, and is cured spontaneously, or by simple means.

J. A. C.

TRANSLATIONS, GLEANINGS, Etc.

RETROSPECTIVE THERAPEUTICS.

By Alfred K. Hills, M.D., Fellow of the Academy of Medicine, New York.

Common Salt as a Remedy for Ringworm.—F. J. Reilly, M. R. C. S., states in the *British Medical Journal* for November 23d that he has used common salt as a remedy for ringworm for the past seven years. Children who are suffering from tinea tonsuraus are sent to the seaside, and almost invariably improve in the salt air. This fact arrested his attention, and led him to think that common salt might prove a valuable remedy in ringworm. Accordingly, he prepared a solution and used it in the next three cases which he was called upon to treat, applying it to the diseased scalp every night for five nights and washing it off the following morning with 10 per cent. boric acid soap. In less than four weeks a cure was effected in each case.

Myrtil: A Rapid Cure for All Eczemata.—It is well-known (*N. Y. Therap. Rev.*) that Winternitz strongly advocates the use of a decoction of myrtil (bilberry), which has yielded him excellent results in the treatment of affections of the lingula mucosa of the most obstinate nature, such as fissures following the course of phthisis, and other cachectic conditions. It has also been of service in blenorrhagia and certain leucorrhœas. Dr. Winternitz, taking into consideration the fact that a very concentrated decoction of myrtil colors deeply not only the epithelium, but also the papillary layer of the skin, at the same time furnishing it with a non-irritant covering, concluded to try it in cutaneous diseases, where, as experience has taught us, all fatty and irritating substances only increase the evil.

The first case treated was a moist eczema of the face, which had persisted for weeks, despite treatment by eminent specialists. From the very first day of the treatment of the case by the decoction of myrtil, the subjective symptoms were lessened, and in a few days a complete cure was effected. The author has also found it efficacious

in several cases of squamous eczema of some years' duration, one case of seborrheal eczema, two of mycotic eczema, in from four to six applications; three cases of anal eczema, and one of lichen urticans. In a case of a burn of the second degree, with the formation of vesicles and loss of epidermis, the preparation quickly relieved the patient's sufferings, and the new epidermis was formed in a short time under the protective covering afforded by the myrtil. Also, a rapid cure with cicatrization of an ulcer of the leg. Encouraged by these results, Dr. Winternitz began to treat all varieties of eczema with myrtil.

He gives the following directions for making a durable preparation:

The dried berries are placed in water over a slow fire. They are allowed to boil until all the coloring matter is extracted. The juice is separated by straining through a very fine sieve. It is then boiled down to a syrupy consistency. While boiling, add one to two grammes of salicylic acid, dissolved in warm water, for every litre of the fluid. If a very adhesive preparation is required, myrrh can be used instead of the salicylic acid, in indifferent quantities. This decoction is to be painted upon the skin with a brush, and the part covered with a thin layer of cotton, and over this a bandage. In a moist eczema of the face the discolored skin can be dusted with rice powder.

Treatment of Diabetes by Yeast.—Dr. M. E. Cassaert (*Bull. Med.*, Sept. 25, 1895), has obtained excellent results from the administration of yeast in daily doses of fifty grammes, with the principal meals, to three diabetic patients, two males and one female; although its use was not sufficiently prolonged owing to the difficulty in preventing the acid fermentation, or putrifaction of the yeast, during the summer. The treatment produced, soon after absorption, large quantities of gas, which was eliminated by eructation, and was followed, in the course of one or two days, by a very offensive diarrhœa. After a few days, however, toleration was established.

The author says, in summing up, that whether the patients are fat or lean, or even phthisical, the yeast causes the pains to disappear; it increases the strength and the weight, improves the general condition and diminishes the amount of sugar.

If we consider the increase in weight alone it is sufficient to prove the efficacy of the treatment, so difficult is it to maintain, and, above all, to augment the weight of a diabetic patient with a marked cachexia.

The mode of action of the yeast is not yet determined, but further research will doubtless solve this problem.

Removal of Foreign Bodies from the Throat.—The *Medical Times* says: "The difficulty of removing fish bones and similar obstructions impacted at the lower end of the æsophagus is well-known, and various mechanical measures and appliances have been invented to deal with the difficulty. One of the most simple, however, and, as reported, one of the most effectual, remedies in the case of impaction of such foreign bodies is to administer to the patient a pint of milk, and forty minutes afterwards an emetic of sulphate of zinc. The fluid easily passes the obstruction, and is, of course, rapidly coagulated in the stomach into a more or less solid mass, which, on being ejected, forces the obstruction before it, and so effects its removal."

Cautery by the Sun-Glass.—Dr. Shepherd (*Yale Med. Journ.*) recommends the use of the sun-glass for the removal of growths where it is especially desirable to avoid the formation of a scar. He applies cocaine to the surface, and then focuses the rays of the sun on it through a suitable lens.

Treatment of Insomnia Due to Hypersensitiveness to Noise.—Many persons are easily awakened by the slightest noise, and some who are continuously exposed to noises during the night are apt to develop persistent insomnia. Stopping up the ears with absorbent cotton does not ordinarily improve matters much, because dry cotton allows the sound waves to pass through its interstices. In such cases Dr. Rosenbach (*Med. Week.*) has found that if the cotton is first steeped in petrolatum, a plug is obtained which prevents completely the perception of noises of all kinds. It is self-evident that this method of treatment only protects the patient from the perception of sounds, but does not prevent him from feeling the mechanical vibration accompanying a loud noise.

Honey in Erysipelas.—Dr. C. E. Hayward, of Cropsey, Ill., writes to the *Med. Record*: "Several years ago, while treating some bad cases of erysipelas, a lady asked me why I did not use the remedy they used in Montana. I asked her what that was. She said, 'honey.' I did use it and found it very effective, and since then have used it in every case of erysipelas on any part of the body. My first treatment is the external application of honey. I shave the head and face if necessary, spread the honey thickly on cloth, cut holes for the eyes if the face is the part affected, and change the application every three or four hours. I have never had it fail to relieve the pain, swelling and nausea, and to shorten very much the attack. I also give internally the usual remedies for reducing the fever and stimulating the emunctories. Three or four days usually suffice to bring about convalescence under this treatment. I could report numerous cases, but would rather every physician should give it a trial, and I am sure he would find a practical addition to his armamentarium."

RETROSPECTIVE DIETETICS.

In a Paper entitled "Infant Feeding—A Review" (*Pediatrics*, Vol. I., No. 1; Jan., 1896), Dr. A. Jacobi compares some of the methods proposed by himself during the past thirty-five years with the latest results of German research in this department, and concludes substantially as follows:

1. As to sterilization: "Cow's milk is not woman's milk. It is not identical with it. Sterilization does not change its character. It merely obviates such dangers as result from the presence of pathogenic germs and from premature acidulation. The substitution of cow's milk, or of sterilized milk, for woman's milk as the *exclusive infant food* is a mistake. Experience teaches that digestive disorders, such as constipation or diarrhœa, and constitutional derangements, such as rachitis, are frequently produced by its persistent use, and it appears to be more than an occasional (at least co-operative) cause of scurvy."

2. A leading authority, the Berlin physician, Heubner, is quoted as recommending—partly on the basis of "Jacobi's Practical Experience"—in intestinal diseases of the very young, the simplest flours, mainly of rice and oats (which have a finer microscopical structure than wheat). Norbert Auerbach, too, agrees with the writer in advocating larger percentages of water in infant feeding than the customary ones. His mixtures for the first and second months of life are three parts of water and one of milk; for the third and fourth, two and one; for the fifth and sixth, one and one; for the seventh and eighth, one and two. Both he and A. Seibert advise filtering milk before sterilization.

3. Dr. Rotch's plan of establishing milk laboratories is highly approved of, as, in this way, by the use of the separator—the milk sugar and the albuminoids, also the mineral matter of the milk being fairly well-known—the food of the child can be modified according to age, and to changed conditions of health. Jacobi, however, on the ground of his experience, takes some exception to the broad statement of this author that "human beings in the first twelve months of life are carnivora. An animal food entirely and always free from any vegetable constituents, has been proved to be the nutriment on which the greatest number of human beings live and the least number die." He adds: "It is to be deplored that, for the present, Dr. Rotch's method is only for the rich; mine [of cereal admixture] has the advantage of being one for the people, both rich and poor."

Like Prof. Rotch, Prof. G. Gaertner, of Gratz, employs the centrifuge for the purpose (as described on another page) of obtaining a milk resembling that of woman. The difference between Gaertner's and Rotch's methods is

this, that the former is applicable to the large majority (but that only) of infants who require cow's milk appropriately prepared, and that the latter permits of all sorts of changes and percentages, and of adaptations to the requirements of both the well and the sick, according to the opinions and intentions of the physician in every individual case.

Diet in Diabetes.—For a long time there has been a growing sentiment throughout Germany that diabetes has not been properly treated (*Nat. Med. Rev.*) Hirschfeld says he believes that diabetic coma is favored by the exclusion of carbohydrates in the diet. Schmitz allows his diabetic patients a small quantity of albumen, while he orders the free use of food containing starch and fat in large amount. Grube impregnates the system with carbohydrates. Williamston, of Manchester, says that home-made bread is much better than specially prepared diabetic bread. A number of American physicians are following out this line of treatment with better results than they have had heretofore.

Preparation of Milk for Infants' Food.—Gaertner (*Lancet*) has recently taken advantage of the action of the centrifugal separator to retain in a diluted milk the full percentage of the fat. Fifty litres of fresh milk and the same of water are poured into the separator, which is made to revolve at such a rate that the two outgoing streams shall be equal. The separation of the fat is thus incomplete, and a large proportion of the watery solution passes out with it: the percentage of casein and of fat being in the original milk, say, 3.6 and 3.5, in the diluted 1.8 and 1 75, and in the cream and separated, or, rather, in the rich and poor milks, respectively, 1.8 and 3 3 and 1.8 and 0 2. In good nursing mother's milk the percentages are, according to Pfeiffer of Wiesbaden, 1.7 and 3 1. If, then, milk-sugar be added in the proportion of 35 grammes to the liter, the composition becomes identical with the very richest human milk. An incidental advantage accruing from the centrifugal rotation is that the rich milk is completely freed from the suspended particles of dung, dust, etc., which, in virtue of their greater specific gravity, gather round the sides of the drum, forming a scum, which is fatal to young pigs. These particles are the chief vehicles of the microbes which set up putrefactive changes in a fluid which, though unstable, is absolutely germ-free and aseptic as it issues from the breast or udder, and to this difference many of the evils of artificial feeding are doubtless due. Gaertner's, if not actually sterile, is more easily sterilized than other milk.

Diet in Pregnancy.—Dr. Eichholz, of Kreuznach, in the *British Medical Journal*, maintains that a large proportion of the discomforts and difficulties preceding, attending and following parturition might be avoided by a rigid adherence to some simple dietetic rules. Excess of albumen and of water are, he considers, the errors against which pregnant women should be warned, as tending respectively to excessive development of the fetus and secretion of amniotic fluid. His rules are: Meat only once a day, and that in small quantity and rarely if ever salted; green vegetables, salad, potatoes, bread and butter, but avoiding as far as possible, eggs, peas and beans, as being too rich in albumen. Thirst to be quenched by milk or water in moderate quantities, and cocoa in preference to tea and coffee. Wine, beer and spirits to be forbidden, and drink of any kind, unless in case of urgent thirst; but fruit, raw or cooked, to be indulged in *ad libitum*. The general result of such a diet he found to be a remarkable feeling of well-being; the sense of fullness, bearing down and weariness, thirst and constipation soon disappeared, and the patients have been able to walk many miles, up to the eve of confinement. His own wife would leap ditches and climb hills, and even on one occasion ventured on a race for endurance. The ease and rapidity of the deliveries in some twenty-five consecutive cases, some of whom had previously had tedious or difficult labors, the small amount of liquor amnii, often not more than a teacupful and sometimes almost inappreciable, were striking, and all without exception succeeded in nursing their infants, though some had not been able to do so before. The children were healthy but small, mostly weighing six pounds, and the circumference of the head was under 36 cm. (14 inches), averaging 33 to 34. The restriction of albuminous food had no injurious effect on the quantity or quality of the milk.

Small Quantity of Iron in Milk.—Prof. Huebner says he has noticed, as a result of long years of clinical experience, that anæmic children do not prosper on a prolonged milk diet (*Pract. Med.*). The explanation of this was made very clear at the April meeting of the German Congress of Internal Medicine by a paper presented by Prof. E. Bunge, the famous physiologist of Switzerland. Prof. Bunge showed that milk was especially deficient in iron, while wheat contained nearly three times the quantity. The force of this statement was made clear when Prof. Bunge declared that the organic compounds of iron are not assimilated by the system, assimilation requiring that the iron be in the form found in our various foods. Therefore, it appears that our prescriptions of the various preparations of iron are practically worthless. We should rather supply those foods which are generously supplied with this product. An exclusive diet of milk for children cannot be regarded as the best practice in the light of these investigations. But when preparations composed of wheat or other cereals richly supplied with iron are added to cow's milk, then this deficiency is supplied in precisely the manner required. In cases of anæmic children, chlorosis, wasting diseases, etc., such food should be added to cow's milk, when, according to Prof. Bunge, milk will be restored to its old place as a perfect food.

OBITUARY.

Occasionally in our earthly pilgrimage we are brought under the influence of some subtle force, embodied in a human form, which touches every heart and influences every soul with which it is brought in contact as with a perpetual benediction; such was the Hon. James G. Graham, who, just as the sun was passing its meridian on the 16th of January, passed from his mortal to his immortal life. Every year of that life, numbering but seventy-five years, is full of memories of work well accomplished, of duties well performed. As one after another passed before the casket to take a last look at the face which had always beamed with kindness and sincerity, death, with softening touch, seemed to have erased every line of care, and brought out in radiant beauty and sweetness the impress of of a soul always young, always pure and strong. Vibrating in the air, like sweetest music, could almost be heard the summons, Come up higher and enter upon that life for which the one just passed has been such a fitting preparation. To him death had no sting. It was the golden gateway through which he passed from time to eternity, from mortal to immortal life.

Our memory of Mr. Graham is closely associated with the twenty years during which we were co-trustees in the Middletown State Insane Hospital. Members of the same committee, during all that twenty years when the institution was developing from infancy to maturity, we were brought into more than usual close companionship. To no one of the earnest, unselfish band of workers who composed the Board of Trustees has the institution been more indebted than to James G. Graham, and much of its success is due to his watchful eye, his wise counsels, his excellent judgment, and that spirit of harmony which he infused among all his co-workers. The clearness with which he presented his views, and the respectful deference for the opinions of his colleagues won for him the respect of all.

His ready wit, his wide familiarity with every department of literature and science, his grace of diction, his genial, honest, unselfish nature, endeared him to every circle in public and private life. No richer legacy could be left to family and friends than the memory of a life, every hour of which breathed a spirit of good will to all, and no prouder monument than the institutions he fostered and the love of all who knew him.

MISCELLANY.

—The conjoint testimony of several physicians seems to show that the left-sided position is beneficial in all kinds of convulsions.

—For the removal of small filiform warts situated upon the face, Dr. Comtrell uses scissors and then touches the base with lactic acid.

—A Leidy Memorial Fellowship in Anatomy is proposed in the University of Pennsylvania. For further information address Dr. J. Howe Adams, Secretary, etc.

—Eryngium aquaticum, the tincture, in five drop doses three times a day, says a writer in the *Medical Century* is a wonderful relief bringer in renal colic.

—Dr. E. H. Graudin has been elected a Vice-President of the Academy of Medicine. The report of the Treasurer of the Academy shows the finances to be in a flourishing condition.

—Dr. Lusk's "Midwifery" is to receive the exceptional honor of an official translation into Arabic for the use of the medical students and midwives of the School of Medicine, at Cairo, Egypt.

—A German statistician, Bernhard Omstein, has computed that Greece stands in the first rank among European countries in the number of centenarians. He attributes this to the climate.

—The law concerning alcoholic and narcotic habitues in the State of Connecticut permits such patients to voluntarily commit themselves for one year to any institution established by the laws of the State.

—The *Bulletin of Pharmacy*, June, 1895, says that, in Japan, massage is performed almost exclusively by the blind. Russia has also a large number of blind masseurs. Their delicate sense of touch is said to qualify them admirably for the work.

—Dr. Gowas says in cerebral hemorrhage the onset is sudden and the consciousness lost; in cerebral embolism, onset not quite so sudden, consciousness not lost; thrombosis, onset more gradual, consciousness not lost, attacks preceded by headache.

—The Emperor of Germany announces that he will contribute 10,000 marks toward the erection of a statue in Berlin to Helmholtz's memory. This, the *American Lancet* thinks, is the first contribution by royalty or any distinguished functionary of state to commemorate the achievements of either doctor or scientist.

—Dr. J. D. Mitchell (*Southern Jour. of Hom.*) says that staphysagria, in low or high dilution, will alleviate pains from incised wounds in almost every case, whether from accident or after operations. "It is especially indicated after abdominal incisions, where patient complains of the sharp biting pains we have all heard of so often."

—"What are you doing?" Dr. Holmes once asked a student in the dissecting room. "Ligating arteries, sir." "Why not say tie?" rejoined the doctor. "I find that country practitioners ligate the arteries and that surgeons tie them." The best of this anecdote is that the unappreciative student spread it as a joke against Dr. Holmes.

—Do not be afraid to use chloroform all through the period of labor. The heart of the woman at full term is peculiarly adapted to stand it, and extreme pain produces nerve exhaustion, prevents proper recuperation, damages the quality of the milk, retards the removal of debris from the pelvis, and produces susceptibility to disease germs.

—All living liquids, blood, lymph, milk, etc., have the same freezing point—37° C., M. J. Winter tells the Academie des Sciences. Consequently, it is an easy matter to detect whether milk has been watered, as the freezing point of water is 0°, and the freezing test detects as small an adulteration as one part of water to nine parts of pure milk.

—The World's Congress of Medico-Climatology will hold a National Conventon in San Antonio, Texas, Feb. 20th, 21st and 22d next, and we are requested to extend an invitation to our readers to be present. The lowest possible rate of transportation will be obtained, and a hearty welcome is assured. For further information address Dr. W S. Rowley, San Antonio, Texas.

—Dr. Frederick R. Percy, in a paper presented to the Section of Materia Medica of the American Institute of Homœopathy, at Newport, says: "I know a physician who assured me that for one year after giving up the highest dilutions he gave absolutely no medicine, and with no ill results to his patients. In the year following he gave remedies only when most imperatively indicated."

—That bank notes absorb harmful matter has been proved by the experience of a bank clerk in Vienna quite recently. The man in question had to count a large number of notes, and as is commonly done, in order to turn them over more speedily he wetted his fingers. He rapidly experienced pain on his lips, a tumor ensued, and in spite of an operation he succumbed from the effects of the poison absorbed.

—It is not generally known, says the *Charlotte Med. Journal*, that in France it is forbidden, under severe penalties, for any one to give infants under one year any form of solid food, unless such be ordered by written prescription, signed by a legally qualified medical man. Nurses are also forbidden to use in the rearing of infants confided to their care, at any time or under any pretext whatever, any nursing bottle provided with a rubber tube.

—It would almost seem that to be a physician was incompatible with public honors and recognition; either the profession or the services have to be ignored (*Am. Jour. of Insanity*). Dr. Rush was a signer of the Declaration of Independence, but how many of us are aware of the actual number of medical men whose names are with his on that document? Yet, at a time when skilled physicians were rarities, and when not a single medical school was in practical operation, nearly 10 per cent. of the first epresentative body of our country was drawn from our profession.

—The curtain had risen on the third act, and the momentary hush that preceded the resumption of the performance on the stage was broken by a stentorian voice from the rear of the auditorium: "Is Dr. Higginspiker in the house?" A tall, heavily-whiskered man, occupying a front seat, rose up, "If Dr. Higginspiker is in the house," resumed the stentorian voice, "he told me I was to come here and call him out at 10 o'clock!" Whereupon Dr. Higginspiker, looking very red, picked up his hat and cane and walked down the aisle amid loud and enthusiastic applause.

—An epidemic of the dancing sickness is reported to have broken out last summer among the school-children of Rehlingen, a village in Germany. It was started one day during a violent thunder-storm, while the children were all in school, by a girl twelve years old, who was immediately imitated by others, and before long forty of the scholars were dancing hysterically around the room. This was kept up for an hour or two, and was repeated the following day at about the same hour. The schools were then closed for three weeks, in order to get the children into a normal state.

—The Weber prize, founded by Dr. H. Weber, of this country, in memory of Dr. E. A. Parkes, will be awarded every three years for the best essay upon some branch of the subject of tuberculosis, especially with reference to pulmonary consumption in man. The value is $750. The first award will be in 1897, and the subject selected by the adjudicators is the means, prophylatic or curative, deemed by the author to have value in the control of tuberculosis, especial regard being had to their application to human tuberculosis. The competition is open to medical men of all countries. The essays must be sent in to the Royal College of Physicians, London, and Dr. E. Liveing will reply to all questions on the sublect.